

IME Phase II Administrative Pre- Authorization (PA) Procedures

IME Provider Training

New Jersey State Division of Mental Health and
Addiction services (DMHAS), the Division of Medical
Assistance and Health Services (DMAHS)

and

IME- Rutgers University Behavioral Health Care
Utilization Management Unit

November 23, 2015

Division of Mental Health & Addiction Services
wellnessrecoveryprevention

laying the foundation for healthy communities, together

IME Timeline Overview

- Phase I Implemented on July 1st 2015
 - 24/7 Call Center Access
 - Electronic and Telephonic Handoff
 - Care Coordination
 - Assessment Authorizations (state only)
 - Extension request for managed initiatives

IME Timeline Overview

- Phase 2 to be implemented January 19th 2016
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- Medicaid administrative Pre- authorizations (January 19 - May 23)
 - Clinical authorizations for Medicaid and state funds including SJI, DUII, MATI (May 24th forward)
 - Ambulatory slot contract conversion (July of 2016)

IME Phase II Administrative Pre-Authorization (PA) Procedures

The Administrative PA procedures are designed to enable two components beginning January 19, 2016:

- Providers to submit to IME Administrative PA Requests for all consumers who are admitted to services or obtain Medicaid coverage between January 19 and May 23, 2016.
- Based on Medicaid claim data and NJSAMS record the IME UM staff will create PA's for those already in treatment in all ambulatory services funded by Medicaid.

IME Phase II Administrative Pre-Authorization (PA) Procedures

- IME Administrative Pre-Authorization (PA) Request for Medicaid Funded Treatment LOC includes:
 - Opioid Treatment Programs (OTP)
 - Outpatient (OP)
 - Intensive Outpatient (IOP)
 - Partial Care (PC)

IME Overview for Phase II

- Providers' Administrative PA Requests for Medicaid Funded SUD Treatment are:
 - Not subject to clinical Utilization Review (UR)
 - And does not require the submission of clinical information to the IME UM staff

ACTION STEPS for Providers

1. Provider checks eMEVS (Electronic Medical Eligibility Verification Service) to verify consumer Medicaid enrollment.
2. Provider submits the Administrative PA Request Form via fax or secure email-scan to IME indicating the Medicaid service code (IOP or PC) or CPT code (OP)*, number of Units requested, and PA Start date.
3. Provider submits an Administrative PA Request for each LOC or CPT code being requested on the same Request form.

* See NJMMIS Newsletter Vol. 25, #6 July 2015

ACTION STEPS for Providers and IME

4. IME UM staff, after receiving the provider's PA request, confirms in eMEVS consumer's Medicaid enrollment.
5. When Medicaid enrollment is confirmed, IME staff begins PA process.
6. Should eMEVS show the consumer is not enrolled in Medicaid, the IME staff will contact the provider to resolve the discrepancy.

ACTION STEPS for Providers and IME

7. IME UM Staff records in NJSAMS Notes all relevant UM related information for provider to review.
8. For each PA created, IME staff communicates to the provider the PA number and PA Start and End dates via new NJSAMS Medicaid Prior Authorization screen. (NJSAMS screen will be available for review prior to January 19, 2016).

ACTION STEPS for Providers

9. The provider will receive a verification letter from Medicaid for each requested LOC or CPT code indicating prior authorization number, LOC or CPT code, start date, end date, and units of service. This prior authorization number must be recorded on all claim submissions and referenced on all communications regarding these services authorized.
10. Should a consumer's Medicaid eligibility terminate during the Administrative PA, the provider will re-register the consumer in NJSAMS to determine if the consumer is eligible for any NJ State initiative (DUII, SJI, MATI, Block Grant) or other non-managed funding.

Administrative Pre Authorization Schedule

January 19, 2016 – May 24, 2016

Date	Methadone	Outpatient	IOP	PC
Jan. 19, 2015- Feb. 18, 2016	9 Months 432 Services	7 Months 140 Services	6 Months 84 Units	5 Months 100 Units
Feb. 19, 2016- March 18, 2016	9 Months 432 Services	7 Months 140 Services	5 Months 84 Units	4 Months 80 Units
March 19, 2016- May 23, 2016	9 Months 432 Services	7 Months 140 Services	5 Months 84 Units	4 Months 80 Units

IME Phase II Administrative Pre-Authorization (PA) Procedures

- Providers will not have to take any actions on existing consumers (admitted prior to January 19) but should be on the lookout for an authorization letter from Medicaid.
- If you do not receive an authorization letter by April 30th for Medicaid consumers active in treatment you should contact the IME at imeum@ubhc.rutgers.edu.

UBHC-AUTHORIZED NJFC ME DICAID PROCEDURE CODES

Service Code	Description	Credentials	Clinical Criteria	Medicaid Rate	PA Required Y or N	Place of Service
H0015 HF	Intensive outpatient treatment in a SA treatment facility (per diem)	LCADC, CADC/intem under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level II.1	71.00	y	Licensed substance abuse facility
90791 HF	Comprehensive assessment in a SA treatment facility (1 hour)	LCADC, CADC/intem under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	Assessment to determine appropriate level of care at admission	67.75	N	Licensed substance abuse facility
90792 HF	Comprehensive assessment in a SA treatment facility (1 hour) with medical service	LCADC, CADC/intem under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	Assessment to determine appropriate level of care at admission	54.80	N	Licensed substance abuse facility
90887 HF (ABP & Medicaid-eligible consumers)	Family conference (25 minutes)	See NJAC 10:37£-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	24.50	y	Licensed opioid treatment facility
90887 HF 22 (ABP-eligible consumers)	Family conference (25 minutes)	See NJAC 10:37£-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	24.50	y	Licensed substance abuse facility

UBHC-AUTHORIZED NJFC ME DICAID PROCEDURE CODES

Service Code	Description	Credentials	Clinical Criteria	Medicaid Rate	PA Required Y or N	Place of Service
90853 HF (ABP & Medicaid-eligible consumers)	Group therapy (90 minutes)	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	23.00	y	Licensed opioid treatment facility
90853 HF 22 (ABP-eligible consumers)	Group therapy (90 minutes)	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	23.00	y	Licensed substance abuse facility
90832 HF (ABP & Medicaid-eligible consumers)	Individual therapy (20-30 minutes)	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	28.62	y	Licensed opioid treatment facility
90832 HF 22 (ABP-eligible consumers)	Individual therapy (20-30 minutes)	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	28.62	y	Licensed substance abuse facility
90833 HF (ABP & Medicaid-eligible consumers)	Individual therapy (20-30 minutes) when performed with an evaluation and management service	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	29.31	y	Licensed opioid treatment facility
90833 HF 22 (ABP-eligible consumers)	Individual therapy (20-30 minutes) when performed with an evaluation and management service	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	29.31	y	Licensed substance abuse facility

UBHC-AUTHORIZED NJFC ME DICAID PROCEDURE CODES

Service Code	Description	Credentials	Clinical Criteria	Medicaid Rate	PA Required Y or N	Place of Service
90834 HF (ABP& Medicaid-eligible consumers)	Individual therapy (45-50 minutes)	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II. 1 and II.5 (bundled)	49.00	y	Licensed opioid treatment facility
90834 HF 22 (ABP-eligible consumers)	Individual therapy (45-50 minutes)	See NJAC 1037E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II. 1 and II.5 (bundled)	49.00	y	Licensed substance abuse facility
90836 HF (ABP& Medicaid-eligible consumers)	Individual therapy (45-50 minutes) when performed with an evaluation and management service	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II. 1 and II.5 (bundled)	36.73	y	Licensed opioid treatment facility
90836 HF 22 (ABP-eligible consumers)	Individual therapy (45-50 minutes) when performed with an evaluation and management service	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II. 1 and II.5 (bundled)	36.73	y	Licensed opioid treatment facility
90847 HF (ABP& Medicaid-eligible consumers)	Outpatient -Family Counseling/Education in a SA treatment facility (1 hour)	LCADC, CADC/intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level I (unbundled) ASAM level II. 1 and II.5 (bundled)	49.00	y	Licensed opioid treatment facility
90847 HF 22 (ABP-eligible consumers)	Outpatient -Family Counseling/Education in a SA treatment facility (1 hour)	LCADC, CADC/intem under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level I (unbundled) ASAM level II. 1 and II.5 (bundled)	49.00	y	Licensed substance abuse facility

UBHC-AUTHORIZED NJFC ME DICAID PROCEDURE CODES

Service Code	Description	Credentials	Clinical Criteria	Medic aid Rate	PA Required Y or N	Place of Service
99211 HF 22	Physician visit -established patient (10 minutes)	Licensed MD, DO, or APN	Consumer meets criteria for MAT -can be concurrently enrolled in other level(s) of care	1600/1400	N	Licensed substance abuse facility or physician's office
99201 HF 22	Physician visit- new patient (10 minutes)	Licensed MD, DO, or APN	Consumer meets criteria for MAT -can be concurrently enrolled in other level(s) of care	23.50/20.60	N	Licensed substance abuse facility or physician's office
99202 HF 22	Physician visit -new patient (20 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT- can be concurrently enrolled in other level(s) of care	23.50/20.60	N	Licensed substance abuse facility or physician's office
H0020 HF 26	Opioid treatment medication other than methadone -medication and dispensing in a licensed opioid treatment facility (per diem)	Registered Nurse	Consumer meets criteria for MAT- can be concurrently enrolled in other level(s) of care	13.55	Y	Licensed opioid treatment facility
H2036 HF	Partial care treatment in a SA treatment facility (per diem)	LCADC, CADC/intem under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM Level II.5	8400	Y	Licensed substance abuse facility
H0001 HF	Comprehensive assessment in a OTP (1 hour)	LCADC, CADC/intem under LCADC supervision. LCSW, LPC, LMFT, licensed clinical psychologist	Assessment to determine appropriate level of care at admission	4900	N	Licensed opioid treatment facility

UBHC-AUTHORIZED NJFC ME DICAID PROCEDURE CODES

Service Code	Description	Credentials	Clinical Criteria	Medicaid Rate	PA Required Y or N	Place of Service
H0020 HF (ABP& Medicaid-eligible Consumers)	Methadone medication and dispensing in a licensed opioid treatment facility (per diem)	Registered Nurse	Consumer meets criteria for MAT- can be concurrently enrolled in other level(s) of care	4.25	y	Licensed opioid treatment facility
99211 HF	Physician visit -established patient (10 minutes)	Licensed MD, DO, or APN	Consumer meets criteria for MAT- can be concurrently enrolled in other level(s) of care	4.50	N	Licensed opioid treatment facility
99201 HF	Physician visit -new patient (10 minutes)	Licensed MD, DO, or APN	Consumer meets criteria for MAT - can be concurrently enrolled in other level(s) of care	4.50	N	Licensed opioid treatment facility
99202 HF	Physician visit -new patient (20 minutes)	Licensed MD, DO, or APN	Consumer meets criteria for MAT- can be concurrently enrolled in other level(s) of care	4.50	N	Licensed opioid treatment facility

Note: Bold denotes Medicaid rate increases in effect for claims with service dates on or after July 1, 2015

IME PROVIDER – IME UM STAFF COMMUNICATION PROCEDURES

1. Via NJSAMS Prior Authorization Screen
2. Via NJSAMS Notes
3. Via Fax: (732) 235-4898
4. Via Email: imeum@ubhc.rutgers.edu.
(Remember that emails sent must be a secure email when content contains PHI)



The End

But its really only the beginning

Overview of IME Definitions

Affiliated Providers - A service provider that has an executed IME Affiliation Agreement, is licensed by DHS to provide addiction services, and eligible for funding from a managed initiative.

Unaffiliated Funded Provider - A provider of SUD services, licensed by DHS, DOH or DCA, receiving public funding, and does not have an affiliation agreement with the IME.

Unaffiliated Un Funded Provider - a provider of SUD services, licensed by DHS, DOH, or DCA that does not receive state funding and does not have an affiliation agreement with the IME.

Managed Initiative - DHS funded initiatives for which the IME provides prior authorization of assessment and/or services and care coordination for consumers who have been referred to affiliated providers. Managed initiatives are designated and/or approved by DHS.

Call Center - The IME call center provides screening, referral, emergent and crisis care to all NJ residents. These call center functions are not specific to affiliation or initiative.