

**JUNE 17, 2019 PROVIDER WEBINAR
QUESTIONS AND ANSWERS**

1	Will CSAs not require supervision?	Community Support Associates (CSA) continue to require supervision by an Independently Licensed Approved Behavioral Health Practitioner.
2	Specifically, what are the new credentials that no longer need supervision?	The only practitioners who do not require supervision are the independently Medicaid enrolled providers.
3	You mentioned that TCMs require supervision for an independently licensed BHP, is this for SUD TCM only?	No. All Targeted Case Managers require supervision.
4	Have the educational requirements changed for Peer Support Specialists?	No. All educational requirements remain what is currently in existence.
5	Regarding the peer group limit of 8 clients, does this apply to BHSOs for regular peer groups (Those that are not focused on SUD Services)	This applies to all peer support specialist led peer groups in all approved settings.
6	Will there be a new code for peer group services? If so does this apply to all BSHO organizations?	S9446 is the new code for Peer Support Specialist led group services and will apply to all peer group services. The new code is billable in BHSO Tier 1 and Tier 2.
7	Can MSG Utilize Peer Support?	Yes, Licensed Organizations, Provider Groups and a Multi-Specialty Groups can provide Peer Support Services. An Individual Practitioner may not.
8	Regulation Lists: 3: Peer support shall only be covered if provided by a behavioral health	The regulation 907 KAR 15:010, includes Individuals, Provider Groups and Multi-Specialty Groups. In the BHSO regulation, 907 KAR 15:020 and 022 it states that Peer Supports are allowable providers.

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	<p>a. Provider group; or</p> <p>b. Multi-specialty group</p> <p>Are BHSOs not able to provide peer support?</p>	
9	<p>Peer Support units are 120 per week with no more than 8 in a group. Am I correct if a peer support does a 2 hour group = 8units/with 8 people in that group they have used 64 units of their 120 for the week?</p> <p>How much will s9446 pay?</p>	<p>The Peer Support Services group code has been changed. Effective, July 22, 2019, in Fee for Service Medicaid, billing for peer support group will now utilize H0038 HQ, 15 minute unit of service, rate \$3.56. This service has a limit of 8 units per day per individual.</p> <p>S9446 peer support services, group will be removed.</p>
10	<p>When would you use the S9446 peer group support event code? I know we do the individual 15 min units when bill, why do the event code.</p>	<p>You would use the S9446 code when a peer support leads a group session versus an individual session.</p>
11	<p>When do the peer support changes take effect?</p>	<p>Anticipated 7/1/19 upon Regulation and SPA approval.</p>
12	<p>Did I understand correctly that an MD/DO/PA/APRN who are NOT psychiatrically trained or credentialed will not be allowed to be the physician for a residential facility or outpatient?</p>	<p>Correct. The Physician regulation, 907 KAR 3:005, Section 4. Service Limitations. (6)(a) states, "Except as provided in paragraph (b) of this subsection, coverage for a service designated as a psychiatry service CPT code and provided by a physician shall be limited to four (4) services, per physician, per recipient, per twelve (12) months." (b) "Coverage for a service designated as a psychiatry service CPT code that is provided by a board certified or board eligible psychiatrist or by an advanced practice registered nurse with a specialty in psychiatry shall not be subject to this limits established in paragraph (a) of this subsection."</p>

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		<p>The Advanced practice registered nurse regulation, 907 KAR 1:102, Section 4. Service Limitations. (6)(a) states, "Except as provided in paragraph (b) of this subsection, coverage for a service designated as a psychiatry service CPT code and provided by a physician shall be limited to four (4) services, per physician, per recipient, per twelve (12) months." (b) " Coverage for a 13service designated as a psychiatry service CPT code that is provided by a board certified or board eligible psychiatrist or by an advanced practice registered nurse with a specialty in psychiatry shall not be subject to this limits established in paragraph (a) of this subsection."</p> <p>DMS is also allowing an addictionology specialty.</p>
13	<p>Could you please explain more about APRN needing addictionology certification for MAT? If they provide services in a BHSO that does have an addictionology's, would they also need certification? They have their X-Dea Waiver.</p>	<p>An APRN would need a psychiatric or addictionology specialty to provide services. The Physician regulation, 907 KAR 3:005, Section 4. Service Limitations. (6)(a) states, "Except as provided in paragraph (b) of this subsection, coverage for a service designated as a psychiatry service CPT code and provided by a physician shall be limited to four (4) services, per physician, per recipient, per twelve (12) months." (b) " Coverage for a service designated as a psychiatry service CPT code that is provided by a board certified or board eligible psychiatrist or by an advanced practice registered nurse with a specialty in psychiatry shall not be subject to this limits established in paragraph (a) of this subsection."</p> <p>The Advanced practice registered nurse regulation, 907 KAR 1:102, Section 4. Service Limitations. (6)(a) states, "Except as provided in paragraph (b) of this subsection, coverage for a service designated as a psychiatry service CPT code and provided by a physician shall be limited to four (4) services, per physician, per recipient, per twelve (12) months." (b) " Coverage for a service designated as a psychiatry service CPT code that is provided by a board certified or board eligible psychiatrist or by an advanced practice registered nurse with a specialty in psychiatry shall not be subject to this limits established in paragraph (a) of this subsection."</p>
14	<p>We have providers today (MDs NPs) that provide buprenorphine in our BHSO that are not psychiatrist or addictionology's.</p>	<p>They can provide services if they have a psychiatric or addictionology specialty. The Physician regulation, 907 KAR 3:005, Section 4. Service Limitations. (6)(a) states, "Except as provided in paragraph (b) of this subsection, coverage for a service designated as a psychiatry service CPT code and provided by a physician shall be limited to four (4) services, per physician, per recipient, per twelve (12) months." (b) " Coverage for a service designated as a psychiatry service CPT code</p>

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	<p>Will they still be able to provide care to our patients 7/1?</p>	<p>that is provided by a board certified or board eligible psychiatrist or by an advanced practice registered nurse with a specialty in psychiatry shall not be subject to this limits established in paragraph (a) of this subsection.”</p> <p>The Advanced practice registered nurse regulation, 907 KAR 1:102, Section 4. Service Limitations. (6)(a) states, “Except as provided in paragraph (b) of this subsection, coverage for a service designated as a psychiatry service CPT code and provided by a physician shall be limited to four (4) services, per physician, per recipient, per twelve (12) months.” (b) “ Coverage for a service designated as a psychiatry service CPT code that is provided by a board certified or board eligible psychiatrist or by an advanced practice registered nurse with a specialty in psychiatry shall not be subject to this limits established in paragraph (a) of this subsection.”</p>
<p>15</p>	<p>We have MD’s that do the Medication management and Licensed counselors that do the Behavior counseling. Do our MDs need to update in provider portal as BHSO II? Or is that only if the MD provides the counseling to?</p>	<p>The MD will need to update their account with their specialty in provider portal. Then, your agency will need to update with the tier choice, BHSO Tier II NonNTP.</p>
<p>16</p>	<p>Does this mean that an APRN must be certified in addictionology in order to provide services for MAT in an outpatient setting BHSO?</p>	<p>A psychiatric or addictionology specialty is required to provide MAT services in an outpatient BHSO.</p>
<p>17</p>	<p>There is one reg that stipulates a provider can be an ARPN or an MD and another that says it cannot, specifically for MAT. What is the correct regulation?</p> <p>I do need some clarification about the reference to co-occurring disorders and SUD. I may have heard this wrong or</p>	<p>An APRN or MD are allowable providers with the appropriate specialty and Dea X Waiver. We would need to know what regulation you are referring to for a complete response.</p> <p>No. The term co-occurring disorder refers to the condition in which an individual has a co-existing mental illness and substance use disorder.</p>

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	wishful thinking but is SUD disorders now considered a co-occurring disorder?	
18	Can you define Methadone Induction under H0033? It reads as first administration. so is this the first day's dosage ordered by the physician and monitored for contradiction	Correct. H0033 description: A Physician, APRN, Registered Nurse or Licensed Practical Nurse to monitor the first-time administration of methadone to a recipient to ensure that the medication is not contraindicated. This code is limited to 4 times a year per recipient.
19	Will the HF Modifier be used by DMS to identify SUD claims or will that be adjudicated by primary diagnosis?	DMS has asked that all providers use the HF modifier on all claims for the treatment of SUD as that will be the method of data tracking.
20	Will HF modifier go after all other modifier?	Yes, the HF modifier should be listed after all other modifiers.
21	What order does the HF modifier need to be submitted before or after provider modifier?	The HF modifier will go after the provider modifier.
22	H0035 with an HF modifier is allowable for tier 2?	H0035 with the HF modifier is only allowed in a Tier II NTP.
23	What if you are currently providing services in CMHC and have a MAT clinic that also provides therapies. Can we bill for the MAT under the BHSO11 and therapies under CMHC	No, you must bill all services under your CMHC.

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24	Can a MSG still provide IOP SUD treatment and OP SUD treatment	Yes as long as you are following 907 KAR 15:010.
25	The regulation requires MSG's to have AODE If providing SUD services, is this SUD as primary diagnoses or secondary?	SUD as primary diagnosis.
26	<p>I am a MSG and my clinicians do Co-Occurring D/O. I did not initially need a separate AOD license, but do I need one now if they see clients with SA disorders (co-occurring) or is this for client that are SUD only ?</p> <p>Would Medically-Assisted Treatment clinics be allowed to bill for SBIRT Prior to engaging patient in services?</p>	<p>If you are treating clients with a primary SUD diagnosis, then you will need an AODE license.</p> <p>Yes</p>
27	Will buprenorphine products be covered in the OTP setting as a dispensed medication	Yes. DMS is currently working on a buprenorphine bundle rate.
28	If you have an AODE, but not a BSHO do you have to identify yourself under a tier or do you need a BSHO to do sign up?	Providers must be enrolled with Medicaid to be a BSHO. Tier I requires a BSHO license, Tier II requires an Outpatient AODE license and a Tier III requires a Residential AODE license.
29	When will the new fee schedule come out for budgeting adjustment purposes?	<p>The fee schedule is now posted on the DMS website.</p> <p>https://chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/July2019BHOutpatientFeeSchedule.pdf</p>

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30	Are all ASAM Levels of Care Covered/Included?	No. Currently, Medicaid does not cover level 3.7.
31	Can you please tell me how these changes impact private, outpatient practice. We are credentialed as a multi-specialty group.	<p>CSA's allowable practitioners in a provider group and MSG's.</p> <p>MD's and APRN's need a psychiatric or addictionology specialty.</p> <p>PSS limits and addition of the PSS group.</p>
32	You stated for the Level of Care, certification is required. Are you saying that the ASAM Certification completed by CARF is required or will Joint Commission Accreditation meet this requirement?	<p>DMS will conduct their own Level of Care Certification.</p> <p>Any provider that received the Level of Care Certification from ASAM and CARF will be accepted and will not undergo DMS' certification.</p> <p>Providers will need to obtain the ASAM/CARF Level of Care Certification by 7/1/2021.</p> <p>All BHSO providers require Accreditation from any Nationally Recognized Accreditation body.</p>
33	Will registered Behavioral Technicians be able to get maid numbers with the State?	Non-licensed practitioners are not eligible to enroll as a Medicaid provider.
34	<p>Would a MAT clinic be allowed to bill for SBIRT prior to engaging patient in service?</p> <p>A MSG cannot bill for CADC is that still correct?</p>	<p>Yes</p> <p>MSG's have always been able to bill for CADC's. Please see the regulation, 907 KAR 15:010, for allowable services by that provider.</p>
35	Can CADC get maid numbers?	Only independently licensed practitioners are eligible to enroll as a Medicaid provider.

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36	I need clarification for how BHSO are Tiered. Are CADC/LCDAC not covered under Tier 1?	CADC/LCADC's are not covered in a BHSO Tier I. Tier I is Mental Health only. Tier II is OP SUD services and Tier II is Residential SUD services.
37	How do I know which Tier my BHSO falls under?	Tier I is Mental Health only. Tier II is OP SUD services and Tier II is Residential SUD services. You will need to determine what services your agency provides and then go to Provider Portal to complete maintenance on your Medicaid enrollment. https://prdweb.chfs.ky.gov/partnerportal/home.aspx
38	How do I know which BHSO we are registered as?	See answer above.
39	When a client is in residential and requires MAT can the MAT service be billed separately?	All services for the client is billed at the per diem rate for the day. SUD residential providers may have to contract for those services not available.
40	Are services provided by RBTs and billed under a Licensed Behavioral Analyst reimbursable for MSG provider?	Yes. Providers must practice within the scope of their licensure.
41	Can you define what limited laboratory services are under 15:010 for an NTP? Does this include initial serum tests, UDS per the regulations, plus other blood or tests deemed necessary by the Medical	A NTP is not governed by the 15:010 regulation. Providers must have a CLIA certificate for lab services. NTP drug testing will be included in the bundle.

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	Director. For example NTPs often use the Peak and Trough.	
42	Will the BHSO have to update the maintenance of KY MPPA and select the appropriate Tier?	Yes. https://prdweb.chfs.ky.gov/partnerportal/home.aspx Tier I is Mental Health, Tier II is Outpatient SUD services and Tier II is Residential SUD services
43	I am confused about the differences in MSO BHSO. I am a Mental Health provider but I a, AODE licensure to provide DUI and Substance Use assessment and treatment.	Please contact DMS to further discuss your question. You must be an enrolled Medicaid provider type 66 or 03.
44	What do I do if Partner Portal isn't an option on KOG?	Contact the help desk at (877) 838-5085.
45	Will the Reg address UDS utilization parameter?	MCOs have their own policy around drug screening. There are no PA requirements with Fee For Service.
46	Will the topic of licensing an inpatient SUD Treatment facility be addressed? I have heard that the process types of licensure have changed.	This was addressed in the later part of the PowerPoint. If you have further questions, please send them to DMSIssues@ky.gov .
47	Will we be able to print the slides after the webinar for reference purposes?	The webinar has been posted on the DMS website.
48	When do these codes go into effect?	Anticipated date of 7/1/19.

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49	How will we know if this has been approved?	Notification will be sent out by DMS and posted on the DMS website.
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