

# Allowance of Preferred OBOT Services Delivery via Mobile Units

***This communication is being sent on behalf of the Virginia Department of Medical Assistance Services (DMAS)***

The purpose of this memorandum is to notify Preferred Office-Based Opioid Treatment (OBOT) Providers of an opportunity to provide OBOT services through a new mode of delivery called “Mobile Preferred OBOTs.”

The Mobile Preferred OBOT model shall allow Preferred OBOT providers to provide the same services in a Mobile Unit as in a traditional Preferred OBOT setting. As indicated by the Centers for Medicare and Medicaid Services (CMS), and accepted by the Medicaid Managed Care Organizations (MCOs) and Magellan of Virginia, a “Mobile Unit” is designated as place of service (POS) 15 and is defined as a facility or unit that moves from place to place equipped to provide preventive, screening, diagnostic, and/or treatment services: [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)

Providers using the Mobile OBOT settings shall have the ability to deliver time sensitive screenings, treatment and recovery services to Medicaid members with an Opioid Use Disorder (OUD). The goal is to expand access to evidence-based treatment for members with OUD, targeting higher-risk, vulnerable populations transitioning from an institutional or hospital setting such as emergency departments, residential, hospital settings as well as prisons, local and regional jails.

## Settings for Mobile Preferred OBOTs

The following settings shall be permitted for Mobile Preferred OBOTs:

1. A Preferred OBOT shall be allowed to receive approval by DMAS to operate exclusively as a Mobile Unit. To apply to become a Mobile Preferred OBOT, providers must complete the ARTS Preferred OBOT attestation form, organizational staff roster, and credentialing checklist found at: <https://www.dmas.virginia.gov/#/artscredentialing>. All required provider types as well as the Preferred OBOT model of care must meet the traditional Preferred OBOT model, outlined in the Opioid Treatment Services Provider Manual Supplement: <https://www.dmas.virginia.gov/#/artsproviders>, and shall be present in the Mobile Unit for DMAS to consider approval for this setting. Mobile OBOTs shall have a physical address attached to the Mobile Unit for billing purposes. When billing for services provided in a Mobile OBOT, the place of

service (POS) shall be listed as “015” for a Mobile Unit. Upon recognition by DMAS as a Mobile OBOT, providers must submit the “Preferred OBOT Recognition Letter” from DMAS to the MCOs and Magellan of Virginia to initiate the credentialing process. ARTS Network Relations Contacts at the MCOs and Magellan of Virginia can be found at:

<https://www.dmas.virginia.gov/#/artscredentialing>.

Credentialing with the MCOs and Magellan of Virginia must occur prior being eligible for reimbursement for services furnished to members in managed care. The MCOs shall follow the Virginia Code §38.2-3407.10:1 that requires MCOs to establish reasonable protocols and procedures for reimbursing new provider applicants of physicians or mental health professionals in its network for services provided to covered persons during the period in which the applicant's completed credentialing application is pending (see DMAS Provider memo “Provider Reimbursement for Licensed Mental Health Professionals – December 13, 2019”: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov)).

2. A Mobile Unit shall also be permitted to operate as an extension of an established Preferred OBOT’s primary location. This shall allow providers at a Preferred OBOT to also provide services in the community using the POS “015” for a Mobile Unit. Providers working in the Mobile OBOT setting shall provide services in-person as well as be permitted to utilize technology to provide telemedicine sessions with providers located at the Preferred OBOT’s primary location. Providers delivering services using telemedicine shall use the modifiers GT (interactive audio and video telecommunications system) or GQ (asynchronous telecommunications system) based on the guidance provided in the May 13, 2014 DMAS memo “Updates to Telemedicine Coverage” located on the DMAS Provider portal: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). Current Preferred OBOT Providers shall notify the MCOs and Magellan of Virginia prior to providing services in a Mobile Unit.

Note that DMAS is following the Drug Enforcement Administration (DEA) authorities in regards to practitioners prescribing controlled substances to patients using telemedicine or telephonic assessment, without first conducting an in-person evaluation:

[https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf).

Thus, during the current public state of emergency due to COVID-19, DMAS shall allow the Preferred OBOT Mobile Unit to deliver services including prescribing buprenorphine to new and existing patients with OUD via telemedicine or telephone by otherwise authorized practitioners, without requiring such practitioners to first conduct an examination of the patient in-person.

This additional flexibility, under which authorized practitioners may prescribe buprenorphine to new patients on the basis of a telemedicine or telephone evaluation, is in effect from March 31, 2020, until the federal public health (PHE) emergency declared by the Secretary ends, unless DEA specifies an earlier date. At a time that the DEA determines, the initial assessment for prescribing buprenorphine products shall be done in-person, Preferred OBOTs shall meet these DEA requirements.

DMAS is currently reviewing telemedicine policies for coverage after the end of the PHE emergency.

Any changes to telemedicine policies after the end of the PHE will also apply to any Preferred OBOT services provided via the Mobile Unit.

<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p><a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a></p>
<p><b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><b>Provider Appeals</b> DMAS is launching an appeal portal in late May 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p><a href="https://www.dmas.virginia.gov/#/appealsresources">https://www.dmas.virginia.gov/#/appealsresources</a></p>
<p><b>Managed Care Programs</b> Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee- for-service individuals.</p>	
<p><b>Medallion 4.0</b></p>	<p><a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a></p>

<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or Call: 1-800-424-4046
<b>Provider HELPLINE</b> Monday–Friday 8:00 a.m.–5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020
Magellan Complete Care of Virginia	<a href="http://www.MCCofVA.com">www.MCCofVA.com</a> 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a>
United Healthcare	<a href="http://www.Uhcommunityplan.com/VA">www.Uhcommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>