



Provider Notice

Residential treatment, Intensive Outpatient and Partial Hospitalization providers, who are providing Medication Assisted Treatment (MAT) and who are currently credentialed with a Medicaid Managed Care Organization or Magellan of Virginia as an ARTS provider can apply to be a “**Preferred Medication Assisted Treatment Provider**”. The Preferred MAT status will allow the buprenorphine waived practitioner of the facility to prescribe buprenorphine containing products to be filled at local pharmacy without the prescriber having to complete the service authorization process for buprenorphine doses of 16 mg or less and the formulary (or preferred) buprenorphine product is prescribed.

Providers should complete these forms and send to DMAS at fax: 804-452-5450 for the physician team to review for decision. If DMAS approves the application, DMAS will notify the MCOs and Magellan of Virginia. Providers will still need to complete the credentialing process with each MCO and Magellan of Virginia to ensure that the buprenorphine waived practitioners are credentialed to be reimbursed for the professional services and waive the buprenorphine service authorization.

DMAS strongly supports all ARTS providers in offering MAT to members with moderate to severe opioid use disorder who would like medication. DMAS and the MCOs will all provide separate reimbursement for MAT (medication, physician visits, urine drug screens, and labs) in intensive outpatient programs, partial hospitalization programs, and community-based residential treatment programs.

The Preferred Medication Assisted Treatment attestation packet is located online at: http://www.dmas.virginia.gov/Content_pgs/bh-cred.aspx as well as the direct URL links are listed below:

ARTS PREFERRED MEDICATION ASSISTED TREATMENT ATTESTATION PACKET FOR ASAM LEVELS 2.1 TO 3.7

[ARTS Attestation Form for Preferred Medication Assisted Treatment Providers](#)

[ARTS Preferred Medication Assisted Treatment Organizational Staff Roster](#)

[ARTS Preferred Medication Assisted Treatment Model of Care Description](#)

**Medication Assisted Treatment
Provided Simultaneously and Approved to be Reimbursed Separately from other ASAM Levels of Care**

MAT Services	Procedure Code	ASAM Level 2.1 and 2.5	ASAM Level 3.1 Group Home	ASAM Level 3.3 RTS	ASAM Level 3.5 RTS	ASAM Level 3.5 Inpt Psych Unit (sub-acute)	ASAM Level 3.7 RTS	ASAM Level 3.7 Inpt Psych Unit (sub-acute)
Practitioner Induction Day 1	OBOT/OTP -H0014 Non OBOT/OTP = E&M Codes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Practitioner Visits after Day 1 (OBOT/OTP and non-OBOT/OTP)	E&M Codes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psychotherapy* for MAT	CPT Psychotherapy Codes	No, included in IOP/PHP rate	Yes	Yes	Yes	Yes	Yes	Yes
Medications	Prescription filled at Pharmacy or Dispensed on site = HCPCS Codes S0109/J0571/J0572 /J0573/J0574/J0575/ J2315	Yes	Yes	Yes	Yes	No	Yes	No
Urine drug screens	80305 - 80307	Yes	Yes	Yes	Yes	No	Yes	No
Labs	CPT Codes	Yes	Yes	Yes	Yes	No	Yes	No
Care Coordination	G9012	No, included in IOP/PHP rate	Yes	No	No	No	No	No

*MAT psychotherapy must be provided through the provider of ASAM Level of Care 2.1 – 4.0 and requires a credentialed addiction treatment professional practicing within the scope of their license. This does not replace the minimum requirements for psychotherapy as required in RTS. Professionally qualified practitioners affiliated with RTS providers may bill additional psychotherapy as an ancillary service.