



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

February 13, 2018

The Honorable Edward J. Kasemeyer
Chair
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh
Chair
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

Re: 2017 Joint Chairmen's Report (p. 92) – Report on the Adequacy of Substance Use Disorder Medicaid Treatment Rates

Dear Chairs Kasemeyer and McIntosh:

Pursuant to the requirements of the 2017 Joint Chairmen's Report (p. 92), please find enclosed a report on the adequacy of substance use disorder Medicaid treatment rates. Specifically, this report highlights the SUD treatment rates within Maryland, along with those of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, DC. This report compares 40 procedure codes relating to SUD services, and finds that Maryland has the highest fee for 7 of the codes, is within \$1 of the highest rate paid by other states for 11 codes and is the only state to cover 2 codes.

Thank you for your consideration of this information. If you have questions or need more information on the subjects included in this report, please contact Webster Ye, Deputy Chief of Staff at (410) 767-6480 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

Enclosure

cc: Tricia Roddy
Alyssa Brown
Susan Tucker
Rebecca Frechard
Webster Ye

Substance Use Disorder Treatment Rates Review

Submitted by the Maryland Department of Health

February 13, 2018

2017 Joint Chairman's Report, P. 92

Executive Summary

Pursuant to the 2017 Joint Chairman's Report (JCR) (p. 92) and the recommendations of the Governor's Heroin and Opioid Emergency Task Force, the Maryland Department of Health (MDH) Medicaid agency respectfully submits this report providing an update on the adequacy of substance use disorder (SUD) treatment rates within the Medicaid program. Specifically, this report highlights the SUD treatment rates within Maryland, along with those of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, D.C. This report compares 40 procedure codes relating to SUD services. Maryland has the highest fee for 7 of the codes, is within \$1 of the highest rate paid by other states for 11 codes, and is the only state to cover 2 codes.

Background

The Heroin and Opioid Emergency Task Force, established by Governor Larry Hogan, recommended in its final report that the Maryland Department of Health (MDH) review Maryland Medicaid rates for substance use disorder (SUD) services every three years.¹ The Joint Chairman's Report of the Senate Budget and Taxation Committee and House Appropriations Committee added a requirement to submit a report to the Joint Chairmen by November 1, 2017.² This review compares Maryland rates with related rates of neighboring states.

Similar to Maryland, neighboring states have their own Medicaid fee schedules for SUD services. However, in some states, this group of services is within their general Medicaid fee schedule. For this report, MDH identified SUD services listed in the Community-Based Substance Use Disorder Fee Schedule from Beacon Health, the behavioral health administrative services organization (ASO) for Maryland Medicaid.³ MDH also collected data on the Medicaid fees associated with SUD services of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, D.C. Fee schedules were obtained from state websites or through direct contact with state agencies. Data for each state's Medicaid fees associated with SUD services are represented below in Tables 1-5.

Some states did not report fees for SUD services provided in Maryland Medicaid. As an example, Pennsylvania, Virginia, and West Virginia did not have a fee associated with alcohol and/or drug assessment ('H0001'). This does not mean that such services are not provided to Medicaid beneficiaries in those states. Rather, it may indicate that such services are provided under a different, and possibly state-specific, procedure code. West Virginia noted how this

¹ Office of the Maryland Lieutenant Governor (December 2015). Heroin and Opioid Emergency Task Force: Final Report. Retrieved from <https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2015/12/Heroin-Opioid-Emergency-Task-Force-Final-Report.pdf>.

² Report on the Fiscal 2018 State Operating Budget (HB 150) And the State Capital Budget (HB 151) And Related Recommendations By the Chairmen of the Senate Budget and Taxation Committee and House Appropriations Committee <http://mgaleg.maryland.gov/Pubs/BudgetFiscal/2017rs-budget-docs-jcr.pdf>.

³ Community-Based Substance Use Disorder Fee Schedule (eff. July 1, 2017) <http://maryland.beaconhealthoptions.com/provider/alerts/2017/062617-SUD-Fee-Schedule-Eff-July-1-2017.pdf>.

service was not included in their benefit plan for Medicaid beneficiaries. Virginia has separate fees for SUD services based on the credentials of the provider (e.g., physician, clinical service specialist, and psychologist). West Virginia has separate fees for facility and non-facility SUD services.

Comparison of SUD Services:

This report looks at 40 procedure codes related to SUD services. For nearly half (18) of the procedure codes, Maryland either had the highest fee out of all neighboring states (7) or reimbursed providers at a rate that was within \$1 of the highest rate reimbursed by other states (11). Maryland was the only state to cover 2 codes. There is broad variation in fees among the states surveyed, and a state that pays a high fee for one set of services may have lower fees in another service. In addition the states may pay widely disparate rates within a procedure code, suggesting that some SUD procedure codes may comprise a different range or type of services in different states. In the following tables, we compare Maryland fees for SUD services with other states' fees grouped by procedure codes:

- 1) Healthcare Common Procedure Coding System (HCPCS) H codes;
- 2) Standard Common Procedural Terminology (CPT) codes (99XXX);
- 3) HCPCS J codes;
- 4) HCPCS G codes; and
- 5) HCPCS W Codes.

Abbreviations used in this report include:

- IP- Inpatient
- OP- Outpatient
- NF- Non-facility
- FA- Facility

The SUD fee schedule for each procedure code varies across states. Table 1 demonstrates that Washington, D.C., has a much higher rate for H0001 – Alcohol and/or Drug Assessment than either Maryland or Delaware. Maryland has a higher fee rate for procedure codes, H0005, H0015, H0016, H0020, and H0047. West Virginia set different rates for facility based and non-facility based for procedure code H0015. For the same code, Virginia set a different fee for rural and urban areas. States may also have different limits on the allowed time periods and the allowed frequency for certain services that could not be standardized and were instead compared among the stated payment amounts per code.

Notably, since March 2017, the MDH's approach to methadone and buprenorphine reimbursement has changed creating other potential differences from the payment methodologies used by other states.⁴ In accordance with federal and state regulation, opioid

⁴ A comprehensive overview of the rebundling initiative, including details regarding specific changes to billing codes used can be accessed at <http://dhmh.maryland.gov/bhd/Documents/Rebundling%20Initiative%209-6-16.pdf>.

treatment providers (OTPs) are required to provide counseling as clinically indicated to their patients. MDH previously reimbursed OTPs using a bundled rate, which included a comprehensive SUD assessment; an individualized treatment plan; methadone dosing; SUD and related counseling; medical services; ordering and administering drugs; and discharge planning. Under the new re-bundled approach, reimbursement for counseling services is provided separately from the weekly bundled rates for Methadone Maintenance and Buprenorphine Maintenance. In addition, MDH reimburses OTPs for certain outpatient counseling codes.

In addition to weekly methadone maintenance (H0020), providers may be separately reimbursed for:

- Alcohol and/ or drug assessment (H0001);
- Medication assisted treatment induction (H0016);
- Six medication management visits annually, with the ability for up to twelve if clinically indicated (E&M codes); and
- Individual and group counseling (H0004 and H0005).

In addition to weekly buprenorphine maintenance (H0047), providers may be separately reimbursed for:

- Alcohol and/ or drug assessment (H0001);
- Medication assisted treatment induction (H0016);
- Up to twelve medication management visits annually (E&M codes);
- Individual and group counseling (H0004 and H0005); and
- J0572/ J0573 Zubsolv.

If there is clinical necessity for a more intensive level of treatment, OTPs may refer their patient to a Certified Addictions Program (PT 50).

Table 1. SUD Service Fees for HCPCS H Codes

| Pro Code | Description | Maryland | | Delaware | | Pennsylvania | | Washington, D.C. | | Virginia | | West Virginia | |
|----------|--|----------|--|----------|--------------------------|--------------|------------|------------------|---------------|------------------------|------------------------|---------------|------------|
| | | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit |
| H0001 | Alcohol and/or drug assessment | \$147.74 | Per Assessment | \$77.30 | Per Assessment | N/A | N/A | \$256.02 | Per service | N/A | N/A | N/A | N/A |
| H0004 | Individual Outpatient Therapy | \$20.81 | 15 min | \$19.33 | 15 minutes | \$25.00 | Per 15 min | \$15.60 | Max Units: 32 | Max Rate = \$24 | Max Rate = \$24 | \$12.40 | 15 minutes |
| H0005 | Group Outpatient Therapy | \$40.58 | 60-90 min | \$9.66 | One session (45 minutes) | N/A | N/A | \$8.00 | 15 min | Max Rate = \$7.25 | Max Rate = \$7.25 | N/A | N/A |
| H0014 | ADAA Certified Ambulatory Detox Program | \$72.83 | Per diem | \$77.30 | Per 60 minutes | N/A | N/A | \$22.30 | Max Units: 32 | \$140 | \$140 | N/A | N/A |
| H0015 | Intensive Outpatient | \$130.05 | Per Diem (min 2 hrs per session with max of 4 days per week) | \$77.30 | Per hour | N/A | N/A | \$67.50 | Max Units: 1 | Urban=\$60, Rural=\$54 | Urban=\$60, Rural=\$54 | N/A | N/A |
| H0016 | MAT Initial induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting) | \$208.08 | Initial Induction period | N/A | N/A | N/A | N/A | \$60.28 | | Individual Cost | Individual Cost | N/A | N/A |
| H0020 | Methadone Maintenance | \$64.26 | Per Week | \$4.00 | N/A | \$7.50 | N/A | \$8.58 | Dose | Max Rate = \$8 | Max Rate = \$8 | N/A | N/A |
| H0047 | Ongoing services (Buprenorphine/Naloxone); Alcohol/Other Drug Abuse Services, Not Otherwise Specified | \$57.12 | Per Week | N/A | N/A | N/A | N/A | \$22.50 | | \$4.80 | \$4.80 | N/A | N/A |

| Pro Code | Description | Maryland | | Delaware | | Pennsylvania | | Washington, D.C. | | Virginia | | West Virginia | |
|----------|-------------------------|---|----------|----------|------|--------------|------|------------------|------|----------|------|---------------|----------|
| | | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit |
| H2036 | Partial Hospitalization | \$135.25/ \$218.48 (6+ hours per day) | Per Diem | 5 | * | N/A | N/A | N/A | N/A | 5 | * | \$150 | Per Diem |

Maryland and Delaware continue to rank highest in fee schedules, differing only by pennies, for several SUD services, as shown in Table 2 (99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). As is the case with other Evaluation & Management (E&M) codes, Maryland sets its rates as a percentage of the Medicare rate, currently set at 92%. Virginia had varying fees based on whether the service was provided inpatient or outpatient, and to patients over/under 21 years of age. West Virginia varied fees based on whether the service was provided in a facility or non-facility.

Table 2. SUD Service Fees for Standard CPT Codes

| Pro Code | Description | Maryland | | Delaware | | Pennsylvania | | Washington, D.C. | | Virginia | | West Virginia | |
|----------|---|----------|-----------|----------|------|--------------|----------------------|------------------|--------------|---|------|-------------------------------|------|
| | | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit |
| 99201 | MAT Initial Intake (Evaluation and Management, Including Rx- Minimal, new patient) | \$44.36 | Per Visit | \$44.66 | | \$40.00 | Typically 10 Minutes | \$39.59 | Max Units: 1 | Max Rate IP, <21 = \$18.22, Max Rate OP, <21 = \$33.87 Max Rate IP, >20, = \$18.22, Max Rate OP, >20 = \$29.72 | | FA = \$19.06, NF = \$29.77 | N/A |
| 99202 | MAT Initial Intake (Evaluation and Management, Including Rx- Straight forward, new patient) | \$75.44 | Per Visit | \$75.91 | | \$40.00 | Typically 20 Minutes | \$67.61 | Max Units: 1 | Max Rate IP, <21 = \$34.28, Max Rate OP, <21 = \$57.63 Max Rate IP, >20, = \$34.28, Max Rate OP, >20 = \$50.58 | | FA = \$36.29, NF = 51.18 | N/A |

⁵ Delaware and Virginia use H2036 for SUD Residential Treatment Services, which are addressed in Table 5.

| Pro Code | Description | Maryland | | Delaware | | Pennsylvania | | Washington, D.C. | | Virginia | | West Virginia | |
|----------|---|----------|-----------|----------|--|--------------|----------------------|------------------|--------------|---|---------------------------------|---------------|--|
| | | | | | | | | | | | | | |
| 99203 | MAT Initial Intake (Evaluation and Management, Including Rx- Low complexity, new patient) | \$109.12 | Per Visit | \$109.74 | | \$54.25 | Typically 30 Minutes | \$97.86 | Max Units: 1 | Max Rate IP, <21 = \$52.02, Max Rate OP, <21 = \$83.30 Max Rate IP, >20, = \$52.02, Max Rate OP, >20 = \$73.11 | FA = \$55.35, NF= \$74.67 | N/A | |
| 99204 | MAT Initial Intake (Evaluation and Management, Including Rx- Moderately complex, new patient) | \$165.88 | Per Visit | \$166.75 | | \$90.37 | Typically 45 Minutes | \$149.27 | Max Units: 1 | Max Rate IP, <21 = \$87.97, Max Rate OP, <21 = \$126.45 Max Rate IP, >20, = \$87.97, Max Rate OP, >20 = \$110.98 | FA = \$93.21, NF = \$114.62 | N/A | |
| 99205 | MAT Initial Intake (Evaluation and Management, Including Rx- Highly complex, new patient) | \$207.81 | Per Visit | \$209.09 | | \$117.54 | Typically 60 Minutes | \$185.32 | Max Units: 1 | Max Rate IP, <21 = \$114.58, Max Rate OP, <21 = \$159.22 Max Rate IP, >20, = \$114.58, Max Rate OP, >20 = \$139.75 | FA = \$121.67, NF = \$144.91 | N/A | |
| 99211 | MAT Ongoing Management (Evaluation and Management, including Rx – Minimal) | \$20.26 | Per Visit | \$20.17 | | \$40.00 | Typically 5 Minutes | \$18.50 | Max Units: 1 | Max Rate IP, <21 = \$6.23, Max Rate OP, <21 = \$15.57 Max Rate IP, >20, = \$6.23, Max Rate OP, >20 = \$13.66 | FA = \$6.53, NF = \$13.32 | N/A | |
| 99212 | MAT Ongoing Management, including Rx - Straight forward) | \$43.96 | Per Visit | \$44.28 | | \$40.00 | Typically 10 Minutes | \$39.94 | Max Units: 1 | Max Rate IP, <21 = \$17.26, Max Rate OP, <21 = \$33.59 Max Rate IP, >20, = \$17.26, Max Rate OP, >20 = \$29.48 | FA = \$18.28, NF= \$29.50 | N/A | |

| Pro Code | Description | Maryland | | Delaware | | Pennsylvania | | Washington, D.C. | | Virginia | | West Virginia | |
|----------|--|----------|-----------|----------|--|--------------|----------------------|------------------|--------------|--|--------------------------------|---------------|--|
| | | | | | | | | | | | | | |
| 99213 | MAT Ongoing (Evaluation and Management, including Rx - Low complexity) | \$73.47 | Per Visit | \$73.69 | | \$40.00 | Typically 15 Minutes | \$66.60 | Max Units: 1 | Max Rate IP, <21 = \$34.52, Max Rate OP, <21 = \$56.26 Max Rate IP, >20, = \$34.52, Max Rate OP, >20 = \$49.38 | FA = \$36.55, NF = \$50.13 | N/A | |
| 99214 | MAT Ongoing (Evaluation and Management, including Rx - Moderately complex) | \$108.04 | Per Visit | \$108.51 | | \$54.42 | Typically 25 Minutes | \$97.16 | Max Units: 1 | Max Rate IP, <21 = \$53.21, Max Rate OP, <21 = \$82.75 Max Rate IP, >20, = \$53.21, Max Rate OP, >20 = \$72.63 | FA = \$56.40, NF = \$74.15 | N/A | |
| 99215 | MAT Ongoing (Evaluation and Management, including Rx - Highly complex) | \$145.44 | Per Visit | \$146.20 | | \$78.05 | Typically 40 Minutes | \$129.64 | Max Units: 1 | Max Rate IP, <21 = \$75.27, Max Rate OP, <21 = \$111.43 Max Rate IP, >20, = \$75.27, Max Rate OP, >20 = \$97.80 | FA = \$79.64, NF = \$100.26 | N/A | |

The following J Codes list fees for buprenorphine/naloxone, buprenorphine, and naltrexone, all medications used to treat opiate dependence. It is important to note that procedure codes J0571-J0574, and J2315 are listed differently for each state based upon the brand name used (Zubsolv, Subutex, Vivitrol). With the exception of code J2315 (\$2.30), all other J codes for Washington, D.C., are manually priced. Pennsylvania and West Virginia do not report fees for any of the following J codes. For procedure code J2315 – injection naltrexone, excluding Pennsylvania and West Virginia whom reported no rates, each state hovered between \$2.30 and \$3.24 with Maryland being the second lowest to D.C. and Virginia the ranked highest.⁶

Table 3. SUD Service Fees for HCPCS J Codes

| Pro Code | Description | Maryland | | Delaware | | Pennsylvania | | Washington, D.C. | | Virginia | | West Virginia | |
|-----------------|--|----------|---|----------|------|--------------|------|------------------|--------------|-------------------|------|---------------|------|
| | | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit |
| J0571 Mod 51 | Subutex 2 mg NDC below | \$1.83 | Subutex 8mg | | | N/A | N/A | Manual Pricing | | | | N/A | N/A |
| J0571 | Subutex 8 mg NDC below | \$1.13 | Subutex 2mg | \$0.44 | | N/A | N/A | Manual Pricing | | \$1.00 | | N/A | N/A |
| J0572 Mod 51 | Zubsolv 1.4-0.36 mg tablet must include NDC: 54123-0914-30 | \$3.69 | Zubsolv | | | N/A | N/A | Manual Pricing | | | | N/A | N/A |
| J0572 | Zubsolv 2.9-0.71 mg tablet must include NDC: 54123-0929-30 | \$7.39 | Zubsolv | \$4.25 | | N/A | N/A | Manual Pricing | | \$4.34 | | N/A | N/A |
| J0573 | Zubsolv 5.7-1.4 mg tablets must include NDC: 54123-0957-30 | \$7.39 | Zubsolv | \$7.03 | | N/A | N/A | Manual Pricing | | \$7.76 | | N/A | N/A |
| J0574 | Buprenorphine: Suboxone Film Must include NDC: 12496-1208-03 | \$7.80 | 8mg | \$8.02 | | N/A | N/A | Manual Pricing | | Max Rate = \$7.76 | | N/A | N/A |
| J8499 | Buprenorphine: Suboxone Film Must include NDC: 12496-1202-03 | \$4.36 | 2mg | | | N/A | N/A | | | | | N/A | N/A |
| J2315 | Vivitrol: Must include NDC 65757-0300-01 | \$2.43 | Vivitrol - Per Unit with a Max of 380 Units per does. Minimum Age of Use is 18 years. | \$3.18 | 2.75 | N/A | N/A | \$2.30 | Max Units: 1 | Max Rate = \$3.24 | | N/A | N/A |

⁶ Pharmacy rates for Maryland as of July 2017.

The G codes listed in Table 4 relate mostly to drug screening and drug tests, with 96372-HG coding for therapeutic or prophylactic injection. Maryland pays 79.5% of lab costs. Maryland had the lowest fee for codes G0480, G0481, G0482, and G0483, while West Virginia had the highest rank fees associated with this same group of codes. Delaware did not report fees for several of the codes.

Table 4. SUD Services Fees for HCPCS G Codes

| Pro Code | Description | Maryland | | Delaware | | Pennsylvania | | Washington, D.C. | | Virginia | | West Virginia | |
|--------------------|--|----------|--------------------------------|----------|------|--------------|-------------|------------------|--------------|------------------------|------|---------------|------|
| | | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit |
| 96372/ HG | Therapeutic Injection | \$19.87 | Limit one injection per month. | N/A | N/A | \$12.70 | | \$24.16 | Max Units:4 | OP; Max Rate=21.53 | | \$16.71 | |
| 0100 (rev code) | Residential Services (child and adolescent) ⁷ | \$400.00 | Per Diem | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| G0477 | Drug Test(s), Presumptive, Any Number of Drug Classes, Devices, or Procedures, Capable of Being Read by Direct Optical Observation Only (eg, dipsticks, cups, cards, cartridges), Includes Sample Validation when Performed, Per Date of Service | \$11.89 | | \$11.81 | | \$11.89 | Per service | \$11.89 | Max Units: 1 | OP; Max Rate = \$14.86 | N/A | \$8.13 | N/A |
| G0478 | Drug Test(s), Presumptive, Any Number of Drug Classes, Devices, or Procedures, Read by Instrument-Assisted Optical Observation (eg, dipsticks, cups, cards, cartridges), Includes Sample Validation when Performed, Per Date of Service | \$15.86 | | \$15.75 | | \$15.85 | Per service | \$15.85 | Max Units: 1 | OP; Max Rate = \$19.81 | N/A | \$10.84 | #N/A |

⁷ As is the case with other codes in this report, other states may reimburse for these services using a different code from Maryland.

| Pro Code | Description | Maryland | Delaware | Pennsylvania | Washington, D.C. | Virginia | West Virginia |
|----------|--|----------|----------|-------------------------|--------------------------|-------------------------------|-----------------|
| G0479 | Drug Test(s), Presumptive, Any Number of Drug Classes, Devices, or Procedures by Instrumented Chemistry Analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDITD, DESI, DART, GHPC, GC mass spectrometry). Includes Sample Validation when Performed, Per Date of Service | \$63.45 | \$63.00 | \$63.40 Per service | \$63.40 Max Units: 1 | OP; Max Rate = \$79.25 N/A | \$43.35 #N/A |
| G0480 | Per day, 1-7 drug class(es), including metabolite(s) if performed. | \$63.55 | N/A | \$63.95 Per service | \$94.12 | OP; Max Rate= \$79.74 N/A | \$105.89 |
| G0481 | Per day, 8-14 drug class(es), including metabolite(s) if performed. | \$97.78 | N/A | \$98.39 Per service | \$128.79 Max Units: 1 | OP; Max Rate= \$122.99 N/A | \$144.89 N/A |
| G0482 | Per day, 15-21 drug class(es), including metabolite(s) if performed. | \$131.99 | N/A | \$132.82 Per service | \$163.47 Max Units: 1 | OP; Max Rate= \$166.03 N/A | \$183.91 N/A |
| G0483 | Per day, 22 or more drug class(es), including metabolite(s) if performed. | \$171.10 | N/A | \$172.18 Per service | \$203.1 | OP; Max Rate= \$215.23 N/A | \$228.48 |

MDH recently renewed its HealthChoice § 1115 demonstration waiver.⁸ As part of its renewal application submitted on June 30, 2016, MDH sought an amendment that would allow for Medicaid payments for SUD services in Institutions of Mental Disease (IMDs). The Centers for Medicare and Medicaid Services approved this amendment as part of the waiver renewal. More specifically, MDH applied for expenditure authority for otherwise-covered services provided to Medicaid-eligible individuals aged 21 to 64 who are enrolled in Medicaid and reside in a non-public IMD for American Society of Addiction Medicine (ASAM) Residential levels 3.1, 3.3, 3.5, 3.7, and 3.7WM. Effective as of July 1, 2017, the MDH provides reimbursement for the therapeutic services associated with up to two nonconsecutive 30-day stays annually for ASAM levels 3.3, 3.5, 3.7, and 3.7WM. MDH plans to phase in coverage of ASAM level 3.1 beginning on January 1, 2019. Of the states considered in this analysis, Maryland, Delaware⁹, and Virginia¹⁰ are the only

⁸ Maryland HealthChoice Program § 1115 Waiver Renewal Application <https://mmcp.dhmh.maryland.gov/Documents/1115%20HealthChoice%20Waiver%20Final%20Draft%20V2%204.29.16.pdf>.
⁹ Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual <http://www.dhss.delaware.gov/dsamh/files/stateplanmanual11012016.pdf>.

states that cover these services. CMS approved West Virginia's application to cover IMD services on October 10, 2017. At the time of this report, additional information regarding proposed reimbursement rates is not available.

Table 5. SUD Services Fees for HCPCS W Codes

| Pro Code | Description | Maryland | | Delaware ¹¹ | | Pennsylvania | | Washington, D.C. | | Virginia ⁹ | | West Virginia | |
|----------|------------------|----------|----------|------------------------|----------|--------------|-----|------------------|-----|-----------------------|----------|---------------|-----|
| | | Code | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee | Unit | Fee |
| W7330 | ASAM Level 3.3 | \$189.44 | Per diem | \$189.44 | Per diem | N/A | N/A | N/A | N/A | \$393.50 (max) | Per diem | N/A | N/A |
| W7350 | ASAM Level 3.5 | \$189.44 | Per diem | \$189.44 | Per diem | N/A | N/A | N/A | N/A | \$393.50 (max) | Per diem | N/A | N/A |
| W7370 | ASAM Level 3.7 | \$291.65 | Per diem | \$291.65 | Per diem | N/A | N/A | N/A | N/A | \$393.50 (max) | Per diem | N/A | N/A |
| W7375 | ASAM Level 3.7WM | \$354.67 | Per diem | \$354.67 | Per diem | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

¹⁰ Magellan VA Medicaid/DMAS Rates

http://www.magellanofvirginia.com/media/1582053/va_medicaid_dmas_rates_4-1-2017.pdf

¹¹ Maryland developed its own local codes for these services: W7330, W7350, W73070, and W7375. Delaware uses a different set of HCPCS codes for the same services, H2036-HI (ASAM 3.3), H2036 (ASAM 3.5), H2036-TG (ASAM 3.7), H0011 (ASAM 3.7WM). Virginia also uses a different set of HCPCS codes, H0010 Rev 1002-TG (ASAM 3.3), H0010 Rev 1002-HB (ASAM 3.5), H2036-HB (ASAM 3.7).