



519.22 MENTAL HEALTH COUNSELING AND SUBSTANCE USE TREATMENT

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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BACKGROUND

Historically, West Virginia has covered mental health counseling and substance use treatment and partnered with other state and community agencies in the delivery of these services.

West Virginia Medicaid covers a range of behavioral health therapies and treatment for substance use disorder (SUD), detailed in policies referenced below. Additional policies referenced must be considered in conjunction with this chapter, which dictates policy and guidelines for Medication Assisted Treatment (MAT) services, as well as policy for Naloxone services.

POLICY

Providers who wish to offer substance use treatment must meet specific criteria as described in this chapter. Providers who choose to render treatment, including MAT administration, must be approved by West Virginia Medicaid.

West Virginia Medicaid aligns with State legislative requirements for the provision of MAT services and requires providers to adhere to MAT standards and processes, as detailed in [Sections 519.22.1, Program Requirements](#), [519.22.2, Methadone Opioid Treatment Program](#), and [519.22.3, Office-Based Medicated Assisted Treatment](#).

For additional policy information on other West Virginia Medicaid-covered mental health counseling and substance use treatment, which is available in conjunction with MAT and/or Naloxone services where appropriate, refer to [Chapter 503, Licensed Behavioral Health Centers](#), [Chapter 504 Substance Use Disorder Services](#), [Chapter 521 Behavioral Health Outpatient Services](#); and [Chapter 522, Federally Qualified Health Centers and Rural Health Clinic Services](#) of the BMS Provider Manual.

519.22.1 PROGRAM REQUIREMENTS

Medical Necessity: All services covered in this chapter are subject to a determination of medical necessity defined as services and supplies that are:

- Appropriate and medically necessary for the symptoms, diagnosis, or treatment of an illness;
- Provided for the diagnosis or direct care of an illness;
- Within the standards of good practice;
- Not primarily for the convenience of the plan member or provider; and
- The most appropriate level of care that can be safely provided.

Provider Enrollment: In order to participate in the West Virginia Medicaid program and receive payment from the BMS, providers of these services must meet all enrollment criteria as described in [Chapter 300, Provider Participation Requirements](#).

Note: These are the minimum requirements that are set forth in this manual.

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519.22.2 METHADONE OPIOID TREATMENT PROGRAM (OTP)

Procedure Code:	H0020 (Bundle Code) Note: unlicensed counselors must bill under the medical provider with the AJ modifier.
Service Unit:	Weekly
Service Limits:	Per Calendar Week
Prior Authorization:	Not required
Telehealth:	Professional Therapy and Physician Services Only
Description:	This is a bundle code that will include medication, therapy services, and laboratory services.
Staff Credentials:	Refer to WV Code §16B-13-5(d) and 69 CSR 11 for staffing requirements

Provider Requirements: Methadone OTP is provided by licensed and certified OTPs. Providers delivering methadone under this section, must comply with [§16B-13-5](#) and Legislative Rule [69 CSR 11 for Opioid Treatment Programs](#), in addition to other requirements specified in this chapter.

Providers delivering services under this section must hold a current and valid license as an OTP in the state of West Virginia. OTP providers must adhere to policy set forth in this section in addition to state and federal requirements.

First Day of Service: A 90791 – Psychiatric Diagnostic Evaluation (no medical service) may be rendered on the first day of service and upon completion be submitted for reimbursement. For staff credential and documentation requirements for 90791 please see [Chapter 503. Licensed Behavioral Health Centers](#). This procedure code may only be reimbursed every 180 days per member for the first day of service.

The 90791 procedure code is only to be reimbursed for first day admittance to program for a new patient or a patient that has stopped treatment and chooses to be readmitted to the program.

The following codes are included in the weekly bundled rate and may not be billed outside of this bundle:

- G9008- Coordinated Care Fee, physician coordinated care oversight services
- H0004, H0004HO, H0004HQ, H0004HOHQ – Behavioral Health Counseling, in combinations of group or individual and professional or paraprofessional
- H2011- Crisis Intervention
- H2014 with all modifiers – Skills Training and Development
- H0031, H0032, H0032AH – Mental Health Assessment, Mental Health Service Plan Development, Mental Health Service Plan Development by Non-Physician
- T1017 – Targeted Case Management
- T1023HE - Program Intake Assessment
- 80305, 80306, 80307 - Presumptive Drug Tests
- 90792 – Psychiatric Diagnostic Evaluation
- 90832 – Psychotherapy Services 30 Minute Sessions
- 90834 – Psychotherapy Services 45 Minute Sessions
- 90837 – Psychotherapy Services 60 Minute Sessions
- 90839, 90840 – Psychotherapy for Crisis 60 Minute Sessions, Psychotherapy for Crisis Additional 30 Minute Sessions

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- 90846 – Family Psychotherapy (without patient present)
- 90847 – Family Psychotherapy (with patient present)
- 90853 – Group Psychotherapy
- 90877 – Other Psychiatric Services or Procedures

519.22.2.1 Assessing a Member for OTP Initiation

Procedure Code:	T1001
Modifier:	HF
Service Unit:	Event Code
Service Limits:	4 Per Calendar Year
Prior Authorization:	Not required
Telehealth:	Not Available

Description: This is an observation code made available to the licensed practical nurse (LPN), registered nurse (RN), advanced practice registered nurse (APRN), physician assistant (PA), or physician to monitor the first-time administration of methadone to a member to ensure that the medication is not contraindicated.

Documentation: There are several important areas on which to concentrate regarding a member history for this population. Complete all documentation requirements of H0031, 90791, and 90792, which must include:

- Date and start/end times of service;
- Member response to medication;
- Reports of any side or adverse effects including changes to level of consciousness;
- Signature with credentials;
- Potential risks for methadone toxicity prior to opioid treatment program initiation (benzodiazepine) use, age, etc.;
- Patterns of use of all major drug classes (including tobacco, alcohol, and caffeine);
- Previous addiction treatment history and response;
- High risk behavior such as needle sharing and exchanging sex for drugs;
- Legal history;
- Psychiatric history and current mental status including suicidal ideation;
- Social-economic situation including employment, housing, supports, child custody, and partner's drug-use history;
- Details regarding chronic or recurrent pain; and
- A list of current medications.

519.22.2.2 Therapy

Medicaid members receiving the medication methadone must meet the minimum therapy requirements specified in the [Legislative Rule 69 CSR 11, Section 69-11-26](#) to continue methadone OTP.

The therapy services that are rendered under the OTP must follow the requirements of [Chapter 503 Licensed Behavioral Health Centers](#) and/or [Chapter 521 Behavioral Health Outpatient Services](#). All urine drug screens rendered must follow the requirements found in services. These requirements are in

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addition to any requirements in the [Legislative Rule 69 CSR 11](#) as governed by the [Office of Health Facility Licensure & Certification \(OHFLAC\)](#).

519.22.3 OFFICE-BASED MEDICATION ASSISTED TREATMENT (OBMAT)

West Virginia Medicaid covers OBMAT services under the following circumstances:

- Individuals seeking substance use disorder treatment using buprenorphine or naltrexone (under any associated federally approved brand name for these medications) for the treatment of substance use disorder must be evaluated by an enrolled physician as specified below, before beginning OBMAT.
- An initial evaluation may be completed by a staff member other than the physician, PA or APRN; however, no medication may be prescribed until the physician, PA or APRN has completed their evaluation.
- Members seeking treatment must have an appropriate diagnosis for the medication utilized.
- All physicians must agree to adhere to the Coordination of Care Agreement (See [Appendix 503B, Coordination of Care and Release of Information Form](#)) which will be signed and dated by the member, the treating provider, and the treating therapist.
- Each member receiving OBMAT must also be offered individual therapy and/or group therapy as specified in the Coordination of Care Agreement.
- If a change of treating provider or therapist takes place, a new agreement must be signed. This agreement must be placed in the member's record and updated annually.
- Services are delivered in accordance with [Chapter 519.17 Telehealth Services](#).

Provider Requirements: OBMAT is provided by licensed OBMAT providers. Providers delivering OBMAT under this section must comply with Legislative Rule [69 CSR 12 for Office-Based Medication Assisted Treatment](#) as governed by the OHFLAC, in addition to other requirements specified in this chapter. Providers delivering services under this section must hold a current and valid registration as an OBMAT provider in the state of West Virginia. OBMAT providers must comply with all applicable State and federal requirements.

Physicians or physician extenders wanting to render OBMAT services must send a request for review to the Medicaid enrollment contractor. The request must include the providers National Provider Identifier (NPI) number, and a letter requesting to be enrolled as an OBMAT provider for West Virginia Medicaid. The enrolled provider must also be approved by the BMS.

The managed care organizations (MCOs) will not reimburse for OBMAT services if the provider has not been approved by the West Virginia BMS. Reasons for denial of approval include, but are not limited to, a history of issues with the provider pertaining to the services they deliver, history of disciplinary actions with the West Virginia Board of Medicine or West Virginia Board of Osteopathic Medicine, and current investigations concerning the prescribing methods of the provider, etc.

Treating provider and professional therapy services will be provided for individuals utilizing OBMAT medications.

Therapy Services: Therapy for OBMAT members is the treatment of behavioral health conditions in which the qualified health care professional through definitive therapeutic communication attempts to

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alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. This process includes ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family members or others in the treatment process. Therapy services will be provided as medically necessary and in accordance with [69 CSR 12 for Office-Based Medication Assisted Treatment, section 69-12-23](#).

Documentation: Documentation for a coordinated care member must include a Master Service Plan that includes individual therapeutic interventions. The plan must also include a schedule detailing the frequency for which therapy services are to be provided.

A member receiving focused care (treating provider and professional therapy only) will require a treatment strategy in lieu of a Master Service Plan. The documentation must meet all documentation requirements.

The Service Plan and associated documentation must meet all documentation requirements specified in the OBMAT Legislative Rule referenced above.

Titration Policy: Titration due to non-compliance is per treating provider order when the Medicaid member is found to be non-compliant during treatment. Titration must be completed within four weeks of the treating provider's order to stop medication assisted treatment. Vivitrol® will be discontinued immediately due to non-compliance.

Any provider that prescribes medication under the OBMAT must have a plan in place for when they are unavailable to address any medical issues or medication situations that should arise. The treating provider must work with another approved treating provider. The provider taking responsibility for prescribing and monitoring the member's treatment while the primary treating provider is unavailable must meet all the same provider requirements listed above. If a provider fails to have a plan in place, **a hold will be placed on all prescription authorizations.**

519.22.4 NALOXONE ADMINISTERED BY EMERGENCY MEDICAL SERVICES (EMS)

Procedure Code: **A0998 Bundled Code** (Includes two 2mg syringes of Naloxone Hydrochloride, administration fee, and atomizers)
Modifier Code: HF
Service Unit: 1
Service Limit: No Limit
Telehealth: Not Available

Staff Credentials: Emergency medical technicians (EMT), paramedics, and Emergency Medical Services (EMS) providers authorized by the West Virginia Office of EMS and the EMS system according to [WV Code, §16-4C](#), known as the Emergency Medical Services Act (Act). [Legislative Rule 64CSR48](#) describes and implements all aspects of pre-hospital care as authorized under the Act. These providers are also referred to as prehospital providers. The system includes mandatory state-wide protocols which are physician standing orders for EMTs, paramedics and all EMS providers. The statewide, mandatory protocols permit consistent prehospital emergency medical treatment across the State. Prehospital

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providers cannot practice medicine independently. They must practice under the license of the agency medical director.

Definition: Naloxone is a pure opiate antagonist and prevents or reverses the effects of opioids including respiratory depression, sedation, and hypotension. It is sold under the brand name of Narcan®. Naloxone is administered to the member by the prehospital provider using a West Virginia statewide protocol. This code may be billed regardless of whether the member is transported to the hospital for further medical treatment.

519.22.4.1 Referral to Treatment by EMS

Procedure Code: H0050 Alcohol and/or Drug Services, Brief Intervention (while on the scene)
Modifier Code: HF
Service Unit: 15 Minutes
Service Limit: 2 Per Calendar Day
Telehealth: Not Available

Staff Credentials: See [Section 519.22.4 Naloxone Administered By Emergency Medical Services \(EMS\)](#).

Definition: While on the scene, following Naloxone administration or when the member is identified by the prehospital provider as having a substance use disorder and in need of further treatment, the member should be provided informational material on the WV Helpline and treatment options. The prehospital provider should also determine if the member is interested and/or willing to enter treatment, if so, contact the WV Helpline to make a referral.

The WV Helpline may be reached at 1-844-HELP4WV (1-844-435-7498). HELP4WV offers a 24/7 call, chat, and text line that provides immediate help for any West Virginian struggling with an addiction or mental health issue. Many of those answering the helpline are peer-support specialists or recovery coaches. This means that they have personal experience in recovery from a mental health or substance abuse issue. The helpline staff offers confidential support and resource referrals, including self-help groups, outpatient counseling, medication-assisted treatment, psychiatric care, emergency care, and residential treatment. The 988 Lifeline (988) is an additional crisis support line, providing immediate help to individuals in crisis.

If the member is not interested in a referral to treatment at this time, the prehospital provider leaves the information with the member.

519.22.4.2 Naloxone Administration and Referral Billing Examples

The following are examples of when the prehospital provider may bill for Naloxone administration and/or referral to treatment:

	Step One	Step Two	Billing Code*
1	Naloxone is administered by prehospital provider	Member accepts and/or requires transportation to the emergency room for medical treatment	A0998 HF

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2	Naloxone is administered by prehospital provider	Member refuses transport to the emergency room and referral to treatment	A0998 HF
3	Naloxone is administered by prehospital provider	Member refuses transport to the emergency room, accepts the informational material but refuses referral to treatment	A0998 HF H0050 HF
4	Naloxone is administered by prehospital provider	Member refuses transport to the emergency room, accepts the informational material and referral to treatment	A0998 HF H0050 HF
5	Naloxone is not administered by prehospital provider, but the member has a substance use disorder	Member refuses transport to the emergency room, accepts the informational material and accepts or refuses referral to treatment	H0050 HF
*Modifier Code HF must be used with codes A0998 and H0050			

519.22.5 NON-COVERED SERVICES

Non-covered services are not eligible for a West Virginia Department of Human Services (DoHS) Fair Hearing or a Desk/Document review.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	Mental Health Counseling and Substance Abuse Treatment	January 15, 2016
Entire Policy	Updated Provider Manual references to reflect current Chapters	February 1, 2018
Entire Policy	<p>Updated title Chapter, changing “Substance Abuse” to “Substance Use”.</p> <p>Updated to include services that were previously located in different BMS chapters. Specifically, the following additions were made:</p> <ul style="list-style-type: none"> 519.22.1 New section, to provide core Medicaid requirements applicable to OTP, OBMAT, and Naloxone services. 519.22.2 Methadone MAT moved from Chapter 504. Updated to remove clinical policy and refer to State regulations in these instances. Now called Methadone OTP. 	February 1, 2025

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REPLACE	TITLE	EFFECTIVE DATE
	<ul style="list-style-type: none"> 519.22.3 Non-Methadone MAT from <i>Chapter 503, Licensed Behavioral Health Centers</i> and is now called OBMAT. 519.22.4 Naloxone policy was brought over from <i>Chapter 504, Substance Use Disorder Waiver Services</i>. The 988 lifeline was added as an additional resource for individuals in crisis. <p>Where applicable throughout the policy, updated Provider Manual references and streamlined policy to consolidate guidelines for MAT shared between methadone OTP and OBMAT.</p>	