



## Multnomah Other – Updated 12/17/19 Summary of Changes Effective 1/1/2020

The following changes are effective on 1/1/2020 unless otherwise indicated

### **Billing Support Transition**

Multnomah Other is transitioning their billing support team. Multnomah Other will be using different staff members and new contact information for billing support. Please refer to the [Billing Support Transition memo](#) for additional information, as well as the updated [contact list](#).

Multnomah Other recommends providers start using the new Multnomah Other Billing Support email address ([billing.multiother@multco.us](mailto:billing.multiother@multco.us)) as soon as possible. Providers are likely to see much faster response times in this transition period using the new email address. The previous email address ([billingsupport@multco.us](mailto:billingsupport@multco.us)) may experience delays while it is being discontinued since multiple carriers are transitioning.

**Multnomah Other will NOT respond to messages sent to [billingsupport@multco.us](mailto:billingsupport@multco.us) after 12/13/19.**

Emails sent directly to the old email address from a provider's email system should receive a bounce back message listing the new email address once it is discontinued by all carriers. Please note, **providers will not receive a bounce back or error message for any emails sent through CIM to the old inactive email address.** It is critical that agencies update all billing staff and they are aware that they will not receive a notification/bounce back when sending messages through CIM to the old email address – these messages will be unanswered.

For providers who have been emailing individual billing support staff directly (instead of the Billing Support inbox), we recommend that you remove individual billing support contacts from your address book to avoid potential HIPAA/42 CFR Part 2 violations as staff transition and are no longer affiliated with the plan.

Note: Previously providers were able to use the [billingsupport@multco.us](mailto:billingsupport@multco.us) email address (being inactivated) for both HealthShare and Multnomah Other billing concerns. However, Multnomah County will no longer be managing the HealthShare behavioral health benefit and sending PHI for Medicaid (non-indigent) clients to Multnomah Other staff by mistake may result in a HIPAA/42 CFR Part 2 violation. Similarly sending PHI for Multnomah Other (indigent) clients to Care Oregon may result in a HIPAA/42 CFR Part 2 violation. We encourage staff to double check the carrier and contact information before sending PHI.

### **Utilization Review (UR) Transition**

Multnomah Other is transitioning their utilization review. Multnomah Other will be using different staff members and new contact information for UR. Please refer to the [Billing Support Transition memo](#) for additional information, as well as the updated [contact list](#).

Multnomah Other recommends providers start using the new email address ([ur.multiother@multco.us](mailto:ur.multiother@multco.us)) as soon as possible.

Please be sure to review the Treatment Authorization Guidelines posted on the [AD Provider website](#) to determine when requests must be received by Multnomah Other.

## Fee Schedule (Rate Sheet) Changes

**ADDED 12/6/19 – Changes Effective 1/1/2020:** Funding sources are requiring Multnomah Other to modify its rate sheet. Providers will see a rate reduction for certain codes and a rate increase for others, with the majority of the decreases being small amounts. The following rates have been changed to match DMAP:

90849 HF/HG – Multiple–family Group Psychotherapy

Rate increase to \$45.09

97810 HF/HG – Acupuncture without Electrical Stimulation, Initial 15 Minutes

Rate increase to \$14.23

97811 HF/HG – Acupuncture without Electrical Stimulation, Each Additional 15 Minutes

Rate decrease to \$7.12

99201 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$18.94 for in facility services and \$32.09 for out of facility services

99202 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$35.72 for in facility services and \$53.58 for out of facility services

99203 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$53.62 for in facility services and \$75.95 for out of facility services

99204 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$90.92 for in facility services and \$115.49 for out of facility services

99205 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$118.67 for in facility services and \$145.22 for out of facility services

99211 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$6.52 for in facility services and \$15.95 for out of facility services

99212 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$17.99 for in facility services and \$31.64 for out of facility services

99213 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$36.04 for in facility services and \$52.17 for out of facility services

99214 HF/HG – New Patient Office/Outpatient Visit for Evaluation and Management

Rate decrease: \$55.6 for in facility services and \$76.45 for out of facility services

H0001 HF/HG – Alcohol and Drug Assessment

Rate decrease to \$139.70

H0002 HF/HG – Screening/Pre–Enrollment Service

Rate increase to \$35.05

H0004 HF/HG – Individual Counseling

Rate increase to \$22.47

H0005 HF/HG – Group Counseling, Up to 2 Hours

Rate decrease to \$39.66

H0006 HF/HG – Case Management

Rate decrease to \$17.46

H0014 HF/HG – Ambulatory Detoxification

Rate decrease to \$58

H0015 HF/HG – Group Counseling, More Than 3 Hours

Rate decrease to \$79.32

H0020 HG – Methadone Administration and/or Services

Rate decrease to \$4.54

H0038 HF/HG – Peer Recovery Support Services

Rate decrease to \$15

H0048 HF/HG – Alcohol and/or Drug Testing

Rate decrease to \$ \$11.48

T1006 HF/HG – Family/Couple Counseling

Rate increase to \$87.56

T1016 HF/HG – Case Management

Rate decrease to \$17.46

**H0050 - Alcohol and/or Drug Service, Brief Intervention**

**ADDED 12/6/19 – Changes Effective 1/1/2020:** This procedure code has been removed from all DUII authorizations. H0050 remains an allowed service for our other outpatient authorizations currently.

**Community Engagement Program (CEP) Outpatient Authorization**

**Effective 7/1/2019:** A new authorization procedure code group was added for members enrolled in the Community Engagement Program (CEP). This auth is retro-active to 7/1/2019. Timely entry and filing will be waived until 12/31/19. Please contact billing support with authorization and claim numbers to have any denials reversed. Currently, the only contracted provider is Central City Concern.

**Dependent Child Room and Board Eligibility**

**ADDED 12/17/19:** Members who reside in other counties, are receiving SUD Residential Treatment in a facility located in Multnomah County, and have full-time custody of dependent child(ren) or need to reunify with dependent(s) are covered for Child Room and Board through Multnomah Other. All other support services and/or treatment services require the member to be a Multnomah County resident.

When enrolling a non-Multnomah County client into Multnomah Other for Child Room and Board, providers will be asked to provide a brief description of the reason the member is receiving treatment in Multnomah County, for example the member needs a culturally specific program.

**Dependent Child Room and Board Reporting**

There are new state reporting requirements for Supported Capacity for Dependent Children of Adults in SUD Residential Treatment (AKA Child Room and Board). Some elements of the report can be completed using encounter data from CIM. Multnomah Other will be requesting providers complete the portion of the report that is not currently encountered in CIM – TANF eligibility and the dependent's date of birth.

Providers will be sent a pre-filled template with the data extracted from CIM and will need to submit the report back to Multnomah Other, typically within 1 week. Please make sure to review the report before returning to ensure that the CIM data accurately reflects the services provided. Multnomah Other will be issuing additional detail about this process.

Please note that timely filing for Child Room and Board is 45 days, with the expectation that providers will submit the last month of the quarter (September, December, March, and June) as soon as possible after the quarter ends. This is to ensure that state reporting requirements are met.

The reporting email address remains unchanged – [adreporting@multco.us](mailto:adreporting@multco.us).

### **Medicare MAT Clients**

The Centers for Medicare & Medicaid Services (CMS) will pay Opioid Treatment Programs (OTPs) through bundled payments for opioid use disorder treatment services to people with Medicare medical insurance.

Multnomah Other has updated the eligibility criteria for members with Medicare coverage. Members seeking MAT services who have Medicare medical insurance (e.g. Medicare Part B) will not be eligible for treatment services covered by the OTP bundled payments. Any non-OPT MAT providers should refer MAT clients with Medicare medical insurance to a certified OTP provider.

Members who are enrolled in Medicare but do not have medical coverage (e.g. only enrolled in Part A, hospital coverage) remain eligible for treatment services. Non-MAT members with Medicare medical coverage remain eligible for treatment services not covered by Medicare medical insurance.

### **New Client Form**

**UPDATED 12/17/19 - Effective Late-December:** Multnomah Other will be updating the [New Client Request Form](#) in late December. The form will now contain multiple sections. The Program and DUII Client questions have been combined into a single question.

Several providers requested an email receipt when submitting a new member to be enrolled. Multnomah Other will need to re-order and modify the form to enable a receipt to be generated and a copy of the responses sent. This will be an optional feature that providers are able to request when submitting the form.

Providers should double check the correct email address is entered when requesting a copy of the responses be emailed. Avoid any potential HIPAA and/or 42 CFR Part 2 breaches by ensuring that the email address is correct. For example, make sure that there are no typos in the email address or that a personal email address was not entered instead of your agency provided email address.

Providers should contact Billing Support if incorrect information was entered on a new client request form and a correction is needed.

Reminder: Please only enter the member's permanent address in the address field. DO NOT enter an agency address – including any treatment or residential facilities the member is residing in for treatment. If the member does not have a permanent address because they are homeless, please type 'Homeless' into the address field.

## **Recovery Support Services ONLY Authorization**

A new authorization procedure code group was added for members who are eligible for recovery support services but are not eligible for treatment services (i.e. insured members). This new authorization only includes the recovery support services that Multnomah Other covers for all members, regardless of insurance status. No treatment services are included in this authorization.

Recovery support services are still included in outpatient treatment authorizations. Providers do not need to enter a recovery support services auth in addition to an outpatient treatment auth. Please note that recovery support services should not be billed in addition to any per diem rates for treatment services.

Multnomah Other recommends providers use the recovery support services authorization type for members who have insurance coverage for their treatment services in order to avoid authorizing and billing both the member's insurance carrier and Multnomah Other for treatment services.

There is no change to eligibility for recovery support services or how indigent funds should be utilized.

## **SUD Residential Treatment**

There has been an update to the utilization review process for SUD Residential Treatment services. Clinical review will now be conducted as a retrospective review at regularly scheduled intervals.

Providers should no longer submit SUD Residential Treatment authorizations via email, but should enter an authorization directly into CIM and attach the relevant form and clinical documentation. Previously Multnomah Other would accept authorization requests through either route.

Multnomah Other will conduct an administrative review to ensure that the correct form is attached to the authorization in CIM. If the form passes administrative review, the authorization will be auto-approved, pending a clinical review.

UR staff will conduct a retrospective review at a future date and determine whether the attached documentation demonstrates medical necessity. If additional documentation to demonstrate medical necessity is needed, providers must submit it within 2 weeks of the clinical review date. Otherwise the authorization status may be changed and any approved claims refunded.

Multnomah County has also clarified some policies regarding outpatient services during SUD Residential Treatment. Some services may be eligible to help transition a member from Residential to Outpatient services. These should be limited to the last 2 weeks of a member's residential episode and only include services that facilitate a warm transfer. Services that do not assist with a warm transfer (e.g. UAs) are included in the per diem rate and should not be billed in addition to the per diem.

## **Timely Filing**

All non-DUII related claims must be submitted within 45 days of the service date. Non-DUII claims may be corrected or re-processed within 45 days of the original adjudication date. This reduction in filing time is necessary due to state reporting requirements and the nature of Multnomah Other funding.

The timely filing deadline for DUII services remains the same - claims must be filed within 30 days of the service date and may be corrected within 30 days of the original adjudication date.

## **TPL Waiver**

MAT medications have been removed from the TPL Waiver. H0020 and J codes must be submitted to Medicare first if the member has Medicare coverage.

This change is a result of CMS's notification that Medicare medical insurance will cover treatment for opioid use disorders through bundled payments to Opioid Treatment Programs – see above section on Medicare MAT Clients for additional information.