



# Florida Medicaid

## **Behavioral Health Medication Management Services Coverage Policy**

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Agency for Health Care Administration  
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## 1.0 Introduction

Florida Medicaid provides behavioral health medication management (BHMM) including medication assisted treatment in conjunction with psychiatric evaluations, counseling, and behavioral therapies for a comprehensive treatment approach to behavioral health and substance use disorders.

### 1.1 Florida Medicaid Policies

This policy is intended for use by providers that render BHMM services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

### 1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

### 1.3 Legal Authority

Florida Medicaid behavioral health medication management services are authorized by the following:

- Title XIX, of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), section 440.130
- Section 409.906, Florida Statutes (F.S.)

### 1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

#### 1.4.1 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

#### 1.4.2 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

#### 1.4.3 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

#### 1.4.4 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

#### 1.4.5 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

**1.4.6 Recipient**

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

**2.0 Eligible Recipient**

**2.1 General Criteria**

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

**2.2 Who Can Receive**

Florida Medicaid recipients requiring medically necessary BHMM services. Some services may be subject to additional coverage criteria as specified in section 4.0.

**2.3 Coinsurance and Copayments**

Recipients are responsible for a \$2.00 copayment in accordance with section 409.9081, F.S., unless the recipient is exempt from copayment requirements or the copayment is waived by the Florida Medicaid managed care plan in which the recipient is enrolled. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

**3.0 Eligible Provider**

**3.1 General Criteria**

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid behavioral health medication management services.

**3.2 Who Can Provide**

All providers that deliver behavioral health medication management services must be either employed or contracted with a community behavioral health agency. Programs that deliver medication assisted treatment must be licensed by the state and certified by the Federal Substance Abuse and Mental Health Services Administration.

The following providers can deliver medication assisted treatment, medication management, medical procedures, medical screenings, verbal interactions, and alcohol and other drug screening specimen collection:

- Practitioners licensed in accordance with Chapters 458, 459, or 464, F.S. and working within the scope of their practice.

The following providers can deliver medication assisted treatment, medical procedures, and alcohol and other drug screening specimen collection:

- Medical assistants certified in accordance with Chapter 458, F.S. and working under the supervision of a physician

The following providers can only deliver alcohol and other drug screening specimen collection:

- Bachelor's level practitioners
- Certified addiction professionals
- Certified behavioral health technician
- Certified psychiatric rehabilitation practitioner
- Certified recovery peer specialist
- Certified recovery support specialist
- Master's level certified addiction professionals

- Master's level practitioners
- Substance abuse technician

## 4.0 Coverage Information

### 4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

### 4.2 Specific Criteria

Florida Medicaid covers evaluation and medication management services in accordance with the American Medical Association's Current Procedural Terminology Evaluation and Management and Psychiatry codes and the applicable Florida Medicaid fee schedule(s), or as specified in this policy.

#### 4.2.1 Behavioral Health-Related Medical Services

Florida Medicaid covers the following behavioral health-related medical services:

- Alcohol and other drug screening specimen collection
- Medical procedures directly related to a behavioral health disorder or for monitoring the effects of psychotropic medication that include the following:
  - Administering injections
  - Specimen collection for medication management
  - Taking of vital signs
- Medical screenings that must consist of a face-to-face physical examination, brief health history, and decision-making of low complexity. Screenings must include the following:
  - Addressing medication concerns
  - Brief mental health status assessment
  - Planning for follow-ups as necessary
  - Taking of vital signs

#### 4.2.2 Medication Assisted Treatment

Medication assisted treatment for opioid addiction must be delivered under the supervision of a physician or psychiatrist. Providers must deliver the service in accordance with Rule 65D-30.014, F.A.C.

- Providers may prescribe take-home methadone doses after 30-days of treatment.
  - Take-home doses require documentation of the recipient participating in a methadone maintenance regimen.

#### 4.2.3 Medication Management

Medication management consists of discussing indications and contraindications for treatment, risks, and management strategies with the recipient or responsible persons in addition to review of the following:

- Current medication usage
- Prior pharmacy interventions
- Relevant laboratory test results

Recipients residing in a nursing facility, reimbursed on a per diem basis, can receive medication management reimbursed under this benefit.

#### **4.3 Early and Periodic Screening, Diagnosis, and Treatment**

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

### **5.0 Exclusion**

#### **5.1 General Non-Covered Criteria**

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

#### **5.2 Specific Non-Covered Criteria**

Florida Medicaid does not cover the following as part of this service benefit:

- Case management services
- Services provided on the same day as an evaluation and management visit rendered in accordance with Rule 59G-4.087, F.A.C.
- Services rendered to individuals residing in an institution for mental diseases
- Services rendered to institutionalized individuals as defined in 42 CFR 435.1009
- Telephone communications with recipients, their representatives, caregivers, and other providers, except for services rendered in accordance with Rule 59G-1.057, F.A.C.

### **6.0 Documentation**

#### **6.1 General Criteria**

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Policy.

#### **6.2 Specific Criteria**

Providers must complete and maintain documentation in the recipient's file in accordance with Rule 65D-30.014, F.A.C. for recipients receiving medication and methadone maintenance services.

### **7.0 Authorization**

#### **7.1 General Criteria**

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

#### **7.2 Specific Criteria**

There are no service specific criteria for this service.

### **8.0 Reimbursement**

#### **8.1 General Criteria**

The reimbursement information below is applicable to the fee-for-service delivery system.

**8.2 Claim Type**

Professional (837P/CMS-1500)

**8.3 Billing Code, Modifier, and Billing Unit**

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

**8.4 Diagnosis Code**

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

**8.5 Rate**

For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.