

American Society of Addiction Medicine (ASAM) Value Based Payment (VBP) (Case Rate) Arrangement

This Bulletin is to alert Providers of the implementation of the ASAM VBP arrangement (case rate) effective April 1, 2022. To qualify for payment, a Member must receive at least three billable services during a calendar month, have successfully adjudicated claims, and the accompanying documentation for each service maintained in the Member's clinical record.

Services that can be used to substantiate the payment are:

- ➔ Individual Therapy
- ➔ Group Therapy
- ➔ Family Therapy
- ➔ Collateral Family Therapy
- ➔ Medication Management (may be used twice in each month to substantiate payment)
- ➔ Medication Dosing for Methadone
- ➔ Assessment
- ➔ Smoking and Tobacco Use Cessation Counseling (Provider must be certified to deliver and bill for the service and Member must have a tobacco use diagnosis. May be used twice in each month to substantiate payment)

Services that do not qualify:

- ➔ Psychiatric or physical exams
- ➔ Lab services
- ➔ Psychoeducational groups
- ➔ Services that do not meet state minimum durations/definitions
- ➔ Group therapy exceeding allowable number of participants

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Payment Structure*

	<i>Rate</i>	<i>Withhold</i>	<i>Total Possible Rate</i>
ASAM OP	\$675.00	\$33.75	\$708.75
ASAM OTP	\$850.00	\$42.50	\$892.50

**Eligibility for bonus payments will be based on quality metrics*

- ➔ Providers should submit **all** claims for every service that was delivered to the Member. Claim submission should not be restricted to the three billable services that are minimally required for the case rate payment.
- ➔ Multiple services may be provided in one day, but multiple services of the same type will count as only one service to substantiate payment (e.g., one individual therapy session and one group session on the same day will count as two services, but two group sessions on the same day will count as only one service).
- ➔ All treatment services will be set at a zero rate on the Provider’s contract (Schedule A).
- ➔ The case rate will be included on the Provider’s contract (Schedule A) and will include a dollar amount, **BUT** Providers should not bill directly for this service. If the case rate for ASAM OP service is billed, the claim will reject.
- ➔ The case rate will automatically be paid when the Provider bills for the third qualifying service.
- ➔ The case rate will be retracted when the supporting claims are backed out, either via Provider self-audits or CBH Compliance audit.

Should you have any questions, please contact your Provider Relations Representative.