

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 Provider must provide the following:

- ➔ At least three billable services during a calendar month for adults 18 and older
- ➔ At least two billable services during a calendar month for adolescents ages 17 and younger. **The number of required services for Members ages 17 and younger is reduced to two per month, effective and retroactive to June 1, 2022.*

The Provider must also have successfully adjudicated claims for the services provided, and for 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. This can only contribute for up to two encounters toward the monthly total.)

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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

Payment Structure*

	Rate	Withhold	Total Possible Rate
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).
- ➔ If a Member is receiving ASAM services, Methadone daily and weekly should be billed as 350-168 and 350-169. If Methadone is billed as 375-2 or 375-12, the claims will reject.
- ➔ Service dates from different months should not be billed together.

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- ➔ 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 required number of qualifying services (three for Members ages 18 and older; 2 for Members aged 17 and younger.)
- ➔ One case rate per Member, per month will be issued.
- ➔ Providers are required to coordinate benefits for all services with the Member's primary insurance, apart from Interpreter services.
- ➔ The case rate will be retracted when the supporting claims are backed out, either via Provider self-audits or CBH Compliance audit.
- ➔ If any of the submitted claims related to a case rate payment are backed out, either via Provider self-audits or CBH Compliance audit, the case rate will be retracted, and the Provider will be notified.

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