

JULY 22, 2023

# Billing for office-based addiction treatment

*New Jersey provider resource guide*



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## About this guide

This resource guide serves as an overview of billing practices for NJ Family Care’s Office-Based Addiction Treatment (OBAT) program. This guide is meant for OBAT providers — and their billing offices — who conduct OBAT services and bill managed care organizations (MCOs). It does not cover Premier Providers since they are eligible for bundled payment rates.

This resource guide was prepared by the Camden Coalition with support from New Jersey Medicaid’s Office of Behavioral Health following a pilot program to investigate and improve OBAT navigator billing issues between providers and MCO partners. This guide has been reviewed by New Jersey Medicaid, MCOs, and select providers.

## About the OBAT model

The OBAT model is designed to enhance access and improve utilization of MAT services for Medicaid beneficiaries by establishing additional supports and reducing administrative barriers to providing addiction services in ambulatory settings. Using a medication-first approach, the model makes it possible for patients to access medications without first engaging in behavioral health services. OBAT is open to all specialties, not just primary care.

The OBAT model requires that the office employ a navigator. Navigators can assist with addressing identified barriers and connecting patients with community social service, recovery supports and behavioral health resources on an as-needed basis. (Patients are not required to engage in navigation services, but they must be offered.)

An OBAT navigator is a billable member of the care team. (OBAT navigator services are billed under the OBAT provider — not the navigator themselves.) The OBAT navigator was created under the NJ MATrx model to support patients in developing and maintaining a psychosocial care plan. The intent of this role is to support a patient through the various phases of treatment and provide the patient with referrals for additional support, including but not limited to social services, behavioral health, and community connections.

► Navigators can be:

- Licensed individuals, such as an RN, LPN, or LSW;
- An individual with a Baccalaureate degree with 2 years clinical (office) or lived experience;
- An individual with an Associate degree or a certified medical assistant with 4 years clinical (office) or lived experience.

## OBAT model workflow

OBAT providers and navigators work in coordination with one another. OBAT navigators can only provide services to patients who are being actively seen by OBAT providers at least once a month.

	Intake →	Follow up phase (stabilization and maintenance)	
OBAT Providers	OBAT Provider Initial Intake	OBAT provider follow up visits happens after the intake. They cannot happen on the same day as intake. Patient can be seen at whatever frequency is medically required (suggested weekly while stabilizing, then monthly).	
	Intake →	Stabilization phase (weekly for 6 weeks) →	Maintenance phase (monthly for duration of treatment)
OBAT Navigators	OBAT Navigator Initial Intake  This follows Provider Intake. Does not *need* to be on the same day	OBAT navigator follow up visits must happen after the Navigator Intake. Cannot happen on the same day as intake.  Navigator follow ups are allowed <b>once per week for maximum of 6 weeks</b> following intake during stabilization phase.	OBAT Navigator follow up visits during the maintenance phase are allowed <b>once a month</b> following stabilization phase for as long as treatment is necessary and patient is engaging with provider.

## Necessary steps in order to start billing

### *You need to be a registered Medicaid provider.*

You must be a registered Medicaid provider to bill for OBAT services. If you are not currently a NJ Medicaid provider, you must apply through **NJMMIS** and then NJ Medicaid will send a verification to the MCOs.

### *Understand the Mainstreaming Addiction Treatment Act (MAT Act): DATA 2000 waiver no longer required*

Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removed the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).

All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so. SAMHSA and DEA are actively working on implementation of a separate provision of the Omnibus related to training requirements for DEA registration that becomes effective in June 2023. Please continue to **check this webpage for** further updates and guidance.

### *Get your OBAT codes turned on for your providers.*

Each individual provider who wants to conduct and bill for OBAT services needs to be credentialed as an OBAT provider - even if your practice already provides and bills for OBAT services.

There are different steps to take with the MCOs and Fee for Service (FFS). If you are already credentialed as a Medicaid provider (MD/NP/PA/DO) we suggest that you submit these applications concurrently rather than one at a time.

**NOTE:** If your OBAT Prescriber is already registered with the State, you can begin OBAT navigation services immediately while you begin the OBAT Navigator NPI registration process and await final approval from the State.

#### ***FFS OBAT Providers***

You **must ensure** both OBAT providers and navigators are registered with the State. Providers who are already credentialed as FFS Medicaid providers should complete the Navigator-Addendum located at **www.njmmis.com** in the drop-down list of provider applications under "Provider Enrollment Applications" in order to add their navigator to their practice group/provider number.

**Note:** To complete this addendum, your navigator will need to obtain an NPI number if they do not already have one. You can register your navigator at **https://nppes.cms.hhs.gov**.

Once your Navigator is approved, an OBAT Provider Specialty Code (SPC) will be added to your provider number designating you as an OBAT provider. You will then be eligible for the enhanced OBAT rates for the medical services you provide associated with substance use services. The Navigator NPI number will also be linked to your billing provider number enabling you to bill for Navigator services. (See "Sample Claim Form" below.)

#### ***MCO OBAT Providers***

For MCOs you are already credentialed with as a Medicaid provider, there are specific forms to submit which will link the OBAT codes to your provider NPI. These forms can be found in the MCO-Specific Process section later in this document.

The OBAT model was intended to serve all Medicaid patients, and therefore we encourage providers to begin the process to be credentialed with all five NJ Medicaid MCOs. The payment rates for OBAT services are mandated and will be consistent across all MCOs.

**Note:** Any MCO Medicaid providers that are not FFS providers should complete the 21<sup>st</sup> Century Cures Act application found at [www.njmmis.com](http://www.njmmis.com). Once the State approves the application, the MCO finalizes their credentialing.

### ***Bill multiple MCOs.***

The OBAT model is intended to be an open access program across all the MCOs and, therefore, we recommend starting the process to get credentialed with all the MCOs.

▶ *Instructions can be found on each plan's website:*

- ***Aetna Better Health of NJ***
- ***Amerigroup Community Care*** *(online application where you can join the network and indicate your interest in providing OBAT services and being listed as an MAT provider).*
- ***Horizon NJ Health***
- ***UnitedHealthcare Community Plan New Jersey***
- ***Wellcare New Jersey***

# OBAT rates and billing codes

## Provider visit reimbursement rate

The initial provider intake is reimbursed at **\$460.08<sup>1</sup>**. Providers can look this up in the system. Follow up provider visits (stabilization and maintenance phase) are reimbursed at **100% Medicare rate [for the E/M code billed](#)**.

## Navigator visit reimbursement rate

The initial navigator intake (assessment of patient’s needs and creation of plan of care) is reimbursed at **\$152**. Follow up navigator visits are reimbursed at **\$76 per week for up to six weeks** (stabilization phase) and then **\$76 a month thereafter** (maintenance phase). The navigator must see the member during the billing period to bill for the navigator bundled rate.

These are mandated rates: they should not vary by MCO based on your contract. If you are billing for OBAT services and not being paid these amounts it is a sign that the MCO may not have you linked as an OBAT provider in their system. *(See Common Questions below.)*

## OBAT Provider Visits

Visit	Code	Reimbursement	Frequency of care and billing
Initial Intake	90792 HF	\$460.08	<ul style="list-style-type: none"> <li>▶ <i>Once per episode of care at your site</i></li> <li>▶ <i>Must be billed with an SUD Dx</i></li> </ul>
Follow Up Visits (stabilization and maintenance phase)	99211 HF 99212 HF 99213 HF 99214 HF 99215 HF	100% Medicare rate <sup>2</sup>	<ul style="list-style-type: none"> <li>▶ <i>There are no longer phases for OBAT Provider visits.</i></li> <li>▶ <i>Providers must complete the intake and then bill for any follow up visits as needed and appropriate. This was announced in the State Plan Amendment.</i></li> </ul>

<sup>1</sup> The \$460.08 rate increase was an administrative change and was not announced in a Medicaid Newsletter.

<sup>2</sup> Medicaid Newsletter Vol 29, No. 18 published November 2019

### OBAT navigator visits<sup>3</sup>

Visit	Code	Reimbursement	Frequency of care and billing
Initial intake (assessment of patient's needs and creation of psychosocial plan of care)	H0006 HF HG	\$152	<ul style="list-style-type: none"> <li>▶ Patient must be seen same day OR within 14 days of intake visit or another provider visit</li> <li>▶ Provider must bill within 180 days of visit</li> </ul>
Follow up visits (stabilization phase)	H0006 HF SU	\$76	<ul style="list-style-type: none"> <li>▶ Navigators can bill once per week for a <b>maximum of 6 weeks</b> during stabilization phase (does not need to be consecutive weeks) as long as the member is still being seen by the provider once per month.</li> </ul>
Follow up visits (maintenance phase)	H0006 HF	\$76	<ul style="list-style-type: none"> <li>▶ After the six-week stabilization phase, Navigators can <b>bill monthly</b> during the maintenance phase as long as the member is still being seen by the provider once per month.</li> <li>▶ Can be billed 1st calendar month following final H0006 HF SU and each subsequent calendar month thereafter for as long as issues identified on the treatment plan remain unresolved.</li> </ul>

## Documentation requirements

You can reference the Centers of Excellence [OBAT provider manual](#) for documentation examples. Provider documentation can be documented following standard Evaluation and Management documentation guidelines. It is recommended that providers utilize [ASAM recommended intake and treatment guides](#).

For the intake visit, providers should document an H&P, criteria met for MAT appropriateness, medication management, medication and health education, treatment planning, and toxicology screening as needed/able (depending on telemed situation).

Navigator documentation should address patient needs, barriers, goals, priorities, and safety planning, as well as referrals and referral status in a plan of care. The plan of care should be created and reassessed as the patient moves through treatment phases. **The plan of care should not be recreated every visit**, but there should be chart notes describing the visit, new information, and next steps for every visit.

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<sup>3</sup> Medicaid Newsletter Vol 29, No. 18 published November 2019

# How to submit claims for OBAT navigator services

## ***Rendering provider vs billing provider for navigator services***

OBAT providers bill on behalf of OBAT navigator services. OBAT navigators can only provide services for patients who are being actively seen by OBAT providers at least once a month.

## ***FFS OBAT providers***

Once fully approved to bill for OBAT services, you may bill for your Navigator services by listing your Navigator's NPI number as the rendering provider. You must list the group Medicaid provider and NPI number as the billing provider.

- ▶ *Rendering Provider: Navigator NPI*
- ▶ *Billing Provider: Group Medicaid Provider and NPI number*

## ***MCO OBAT providers***

Providers billing MCOs are not required to list the Navigator as the rendering provider. The OBAT Navigator codes are tied to the Provider's NPI. Please see examples of current claim forms for each MCO at the end of this guide.

# Common questions

## ***Why are my OBAT navigator claims being paid out for less than \$76?***

Please reach out to the MCO if you see anything less than \$76 for an OBAT claim.

- ▶ *There could be several reasons for the possible error, including but not limited to:*
  - *The claim may have linked the OBAT provider incorrectly,*
  - *There was an error in the original claim, or*
  - *The provider may not be linked to the OBAT specialty.*

Even if you have completed the addendum for OBAT services, it does not automatically cover every provider in the group. The MCO still needs to be notified for individual OBAT providers to reflect them as OBAT providers in their system. For example, a provider can have 5 physicians in a group with the MCO, but only 2 of those physicians are linked as specialty OBAT providers.

## ***Are OBAT navigation services billed differently than other behavioral health services?***

Yes, OBAT is covered as a medical benefit. Most outpatient behavioral health services are not covered by MCOs (except for MLTSS, DDD, or DSNP). OBAT services are covered by the managed care plan for all Medicaid members and should only be billed for patients receiving MOUD treatment. (OBAT is always covered by Managed Care, when applicable.)

Non-OBAT behavioral health services should be billed to Medicaid Fee-For-Services (FFS). For example, when billing for a psychiatric evaluation of a patient who is not on MOUD you should NOT use any OBAT code.



### ***Can OBAT providers be linked to multiple specialties?***

Yes. Providers can be linked to multiple specialties for billing purposes. For example, the same provider can be linked as a Behavioral Health provider and as an OBAT provider just as an Internal Medicine provider can also be linked as an OBAT provider.

### ***Are big health systems treated differently than independent providers?***

It depends on the MCO. Smaller, independent providers need to submit all the credentialing documentation. The MCO reviews all of the credentialing documentation provided and then credentials the physician *and* automatically links them as an OBAT specialist to the group.

**Larger health systems should *always* reach out directly to the MCO OBAT billing contact person to confirm the status of your provider and whether additional credentialing documentation is required.** Some MCOs may ask for a special OBAT "link" letter to link your specialist as an OBAT specialist within the group. Others MCOs may ask for you to submit a delegate roster file to add a Provider as an OBAT specialist. (*See MCO-Specific Process below.*)

### ***Can I send the OBAT office visit claim and navigator visit claim together?***

Yes, the OBAT provider office visit claim (during stabilization/maintenance phase) and the OBAT navigator visit claim (during stabilization or maintenance phase) can be billed at the same time. As a reminder, the OBAT providers bill on behalf of OBAT navigator services.

### ***What other codes can I bill for OBAT patients?***

Providers can bill for any medically necessary service within their scope of practice and allowable by their provider specialty codes for patients within the OBAT model. However, only OBAT Services receive the enhanced OBAT rates. OBAT rates only apply to the specific codes that are listed in this guide.

If you provide other medical care or behavioral health services to OBAT patients, then those services will be billed according to your regular contract with the MCO or standard Medicaid FFS rates.

### ***Can OBAT navigator services be provided via telehealth?***

Yes, OBAT navigator service can be provided via telehealth. Per [CMS](#), "02" can be used for place of service when telehealth visits when the patient is NOT in the home. "10" is used for place of service for telehealth visits when a patient is in the home.

### ***How do I know if I am linked as an OBAT provider in an MCOs system?***

You can call the MCO member services, your MCO representative, or go to the MCO's directory. Contact information is listed in the MCO-Specific Process section.

### ***Can I bill for an initial OBAT visit for a patient I have already been seeing?***

Yes, you can retroactively bill for patients you have already been seeing.

### ***A former patient has now returned to care: can I bill for another intake?***

A repeat OBAT provider intake may be completed if there is significant change in the patient's drug of choice and/or physical health condition that requires the establishment of a new treatment plan.

### ***I called the MCO billing center and got confusing information. What should I do?***

You must be sure to tell the MCO billing center you are calling about an OBAT-related claim. OBAT is a special program with special rules and requirements. You want to be sure the call center knows the reason you are calling so they can give you the correct information.

## **Additional resources**

### ***Centers of Excellence (CoE):***

The Centers of Excellence offer provider supports for MAT providers across the state. We encourage providers to utilize the [OBAT provider manual](#) for best practices in providing MAT, example templates, and other resources.

#### **▶ *Provider Hotline:***

- *24/7 access to advice from MAT experts for providers who have any clinical questions about MAT.*
- *Call or text 1-844-HELP-ODD (1-844-435-7683)*

#### **▶ *Northern NJ MAT Center of Excellence website***

#### **▶ *Southern NJ MAT Center of Excellence website***

### ***Relevant Medicaid Newsletters:***

<b>Title</b>	<b>Description</b>	<b>Date</b>
<a href="#"><u>Newsletter Vol. 30, No. 22</u></a>	Billing for OBAT and Navigator Services; Registration of OBAT Navigator required to received OBAT enhanced rates	11/6/20
<a href="#"><u>Newsletter Vol 30, No. 03</u></a>	OBAT Update: Enrollment of OBAT Navigators as Servicing Providers; Updates to the removal of MAT prior authorization requirements	3/12/20
<a href="#"><u>Newsletter Vol. 29, No. 18</u></a>	OBAT and Elimination of Prior Authorization for Medication Assisted Treatment (MAT) for All MAT Providers	11/5/19
<a href="#"><u>Newsletter Vol. 29, No. 6</u></a>	OBAT and Elimination of Prior Authorization for Medication Assisted Treatment (MAT) for All MAT Providers	3/25/19

### ***OBAT trainings***

The state is providing training for OBAT Navigators at no cost. Providers interested in this training can call the State’s Office of Behavioral Health at 609-631-4641 for more information.

OBAT Navigators can visit the Camden Coalition’s [website](#) to register for training, access educational sessions, and for other community resources.

## MCO-specific process and examples

You need to go through an attestation process to get the OBAT codes turned on for each provider for each MCO you are credentialed with. (Exceptions: Amerigroup needs to be notified but does not require an attestation form while Aetna requires a "link letter" for larger health systems.) Below are steps for each provider.

### *Aetna*

Providers who work with large health system that are contracted with Aetna for OBAT providers are required to submit a "**link letter**" to link the provider to the group. Please email Link Letter to Liarra Sanchez at [sanchez17@aetna.com](mailto:sanchez17@aetna.com). In a business letter format, please include the following for a "link letter," which is a letter of intent to link an already credentialed provider to a contracted group:

- ▶ *Name and NPI of provider*
- ▶ *Effective date for the link*
- ▶ *Group name, NPI/ TAX ID, service locations and telephone number*

For providers who are not attached to a large health system, Aetna requires the completion of a the "**First Amendment to the Medicaid Physician Agreement**" (**below**) document in order for the OBAT codes to be turned on for a provider. (Note: Aetna does not call it an "attestation"). Processing time from submission to getting the codes turned on is approximately 60-90 days. Providers can begin billing once credentialing is completed within 60-90 days. The completed document can be sent to:

Aetna Better Health New Jersey  
ATTN: Network Management  
Independence Way, Suite 104  
Princeton, NJ 08540

**FIRST AMENDMENT TO THE  
MEDICAID PHYSICIAN AGREEMENT**

**THIS AMENDMENT** is dated July 01, 2019, and is between Aetna Better Health, Inc., a New Jersey corporation, on behalf of itself and its Affiliates (“Company”) and \_\_\_\_\_ (“Provider”).

**WHEREAS**, Company and Provider entered into a Medicaid Physician Agreement effective \_\_\_\_\_ (“Agreement”) for the provision of health care services to Members;

**WHEREAS**, Company and Provider desire to amend their Agreement as listed below in Compensation section, effective, July 01, 2019.

**NOW, THEREFORE**, in consideration of the mutual covenants and promises stated herein and in the Agreement, and other good and valuable consideration, Company and Provider agree as follows:

1. Section 1.0 (Compensation) of the Services and Compensation Schedule of the Agreement is hereby to include the following:

1.0 COMPENSATION AND PROGRAM REQUIREMENTS:            New Jersey Medicaid and CHIP Plans:

The Division of Medical Assistance and Health Services (DMAHS), in collaboration with the Division of Mental Health and Addiction Services, have developed a new program to cover and support Medication Assisted Treatment (MAT) – the Office Based Addictions Treatment (OBAT) program. The OBAT program is designed to enhance access and improve utilization of non-methadone MAT services for Medicaid beneficiaries by establishing additional supports and reducing administrative barriers for physicians providing these addiction services.

“Navigator” services, an essential component of OBAT, were designed to reimburse PCP practices for addressing the patient’s psychosocial concerns and coordination of care. Navigator services are considered necessary to ensure successful treatment outcomes.

OBAT providers must employ Navigators (RN, LPN, SW, Baccalaureate degree with 2 years lived experience or an Associate degree with 4 years lived experience).

<b>CPT Code</b>	<b>Description</b>	<b>Rate</b>
90792 HF	Intake- One time per patient. Providers cannot bill for the <b>enhanced E/M rate and 90792 HF</b> for the same visit	\$438.17
99211 HF	May be billed during all stages from <b>Initiation to maintenance</b> only after intake (90792 HF) and not together	\$16.00
99212 HF	May be billed during all stages from <b>Initiation to maintenance</b> only after intake (90792 HF) and not together	\$49.06
99213 HF	May be billed during all stages from <b>Initiation to maintenance</b> only after intake (90792 HF) and not together	\$81.60
99214 HF	May be billed during all stages from <b>Initiation to maintenance</b> only after intake (90792 HF) and not together	\$119.85
99215 HF	May be billed during all stages from <b>Initiation to maintenance</b> only after intake (90792 HF) and not together	\$161.06
H0006 HFHG	Navigator - Intake - One time per patient	\$152.00
H0006 HFSU	Navigator - May be billed a week after Initiation phase. May be billed once per week (does not have to be consecutive) for a maximum of 6 weeks or until the next phase is billed	\$76.00
H0006 HF	May be billed 1st calendar month following final H0006 HF SU & each subsequent calendar month thereafter for as long as issues identified on the treatment plan remain unresolved.	\$76.00

2. All other terms and provisions of the Agreement not amended herein shall remain in full force and effect, without modification.
3. The Parties ratify and affirm the Agreement, and agree that it is in full force and effect as amended herein. In the event of any inconsistency between the terms of this Amendment and the Agreement, the terms of this Amendment shall govern and control.

*Signatures on the following page*

1st Amendment

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Proprietary

**IN WITNESS WHEREOF**, the Parties have caused this Amendment to be signed by their duly authorized officers as of the date indicated in the introductory clause.

**Facility**

By: \_\_\_\_\_

Printed Name \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

TIN: \_\_\_\_\_

NPI #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Medicare #: \_\_\_\_\_

**Aetna Better Health of New Jersey**

By: \_\_\_\_\_

Printed Name:

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Amerigroup**

If you are already a credentialed Medicaid provider with Amerigroup, you can bill OBAT codes without submitting any additional documentation. Please notify Amerigroup, however, that you are providing these services so that they can add your information to their provider directory. You can do this by calling provider services at 800-454-3730, completing the attached form and submitting it to [NJProviderdata@Anthem.com](mailto:NJProviderdata@Anthem.com) or faxing the form to 866-920-5997. If there are any issues they can reach out to their provider network rep through the '[contact us](#)' page.



<https://providers.amerigroup.com>

**Medication-Assisted Treatment and Office-Based Addiction Treatment  
Attestation Form**

Practitioner name:		NPI:	
Tax ID:		Specialty: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist	
Practice name:			
MAT DEA registration number:		MAT DEA expiration date:	
Patients certified for: <input type="checkbox"/> 30 <input type="checkbox"/> 100 <input type="checkbox"/> 275 <input type="checkbox"/> Other			

**Check one box only:**

- I have a Drug Addiction Treatment Act of 2000 (DATA 2000) Waiver and provide medication-assisted treatment (MAT). I certify that I will not be billing for a navigator under the Office-Based Addiction Treatment (OBAT) Attestation program and just wish to be listed as a MAT provider.
- I have a DATA 2000 Waiver and provide MAT. I certify that I have or will hire a navigator, will participate in the OBAT program, and wish to be listed as a MAT provider with navigation (OBAT provider).

Number of navigators in practice: \_\_\_\_\_

- I do not have a DATA 2000 Waiver and cannot provide MAT.

Please briefly describe (or attach to this form) the navigator services that your practice provides:	
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*By signing below, I hereby swear or affirm that the above information is correct and that my practice is in compliance with all applicable state and federal laws.*

Signed:	
Date:	

Please return this form either:

- Via email at [NJProviderData@Anthem.com](mailto:NJProviderData@Anthem.com)
- Via fax at 1-866-920-5997

NJPEC-1766-19

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## **Horizon**

You can go to Horizon NJ Health's [homepage](#) to learn about how to sign up as an OBAT provider for Horizon. There you will find information about the model, resources, and a link to their [OBAT and Navigator Attestation for Nonparticipating Providers](#) form which must be completed for you to be able to bill the OBAT codes. We also suggest taking a look at the [helpful hints](#) they have linked to sign up for one of their billing training sessions.

The attestation form typically takes about 3-4 weeks to process and for your OBAT codes to be turned on. Horizon recommends you hold onto to your claims and submit them after your OBAT codes have been officially turned on.



## United

On the behavioral health side, please submit attestation form to Scheanell Holland at [scheanell.holland@optum.com](mailto:scheanell.holland@optum.com). You can start billing once you get confirmation from Holland, which usually happens within 7-10 business days after submission. On the non-behavioral health side, please submit attestation form to [NortheastPRTeam@uhc.com](mailto:NortheastPRTeam@uhc.com) (listed in the form below.) You can start billing once you get confirmation from United, which usually happens within 7-10 business days after submission.



P.O. Box 30449  
Salt Lake City, UT 84130-0449

[Date]

[Provider Name]

[Provider Address]

[Provider City, State, Zip]

### **Re: Please Help Us Support Patients with Substance Use Disorders and Opioid Use Disorder**

Dear [Provider Name]:

At UnitedHealthcare Community Plan of New Jersey, we want to help ensure we have an adequate network to support our members who are struggling with Substance Use Disorder (SUD) and Opioid Use Disorder (OUD). To do this, and to meet the New Jersey OBAT requirements, we're working to identify medical care providers who offer MAT services and employ navigators\* to help these patients with their journey to recovery.

#### **How You Can Help**

Please complete the enclosed Medication-Assisted Treatment (MAT) and Office-Based Addictions Treatment (OBAT) Questionnaire, sign the attestation and send both items to your Network Management contact or email it to [NortheastPRTeam@uhc.com](mailto:NortheastPRTeam@uhc.com).

#### **Resources**

For more information about the OBAT program, please refer to the State of New Jersey Department of Human Services Division of Medical Assistance & Health Services Newsletter Volume 29 No. 06 dated March 2019 by visiting [www.njmmis.com](http://www.njmmis.com) > Recent Newsletters > Volume 29 No. 06 - Subject: Office Based Addictions Treatment (OBAT) and Elimination of Prior Authorization for Medication Assisted Treatment (MAT) for All MAT Providers, Effective: January 1, 2019.

If you have questions about this assessment, please contact your Provider Relations Advocate. Thank you.

Sincerely,

UnitedHealthcare Provider Advocate Team

*\*A Navigator is an RN, LPN, SW, Baccalaureate degree with two years lived experience, or an Associate degree with four years lived experience, who helps patients get the services they need. These services can include support services, counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or Centers of Excellence.*

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## Medication-assisted treatment and office-based addictions treatment questionnaire

Please answer all questions and sub-questions for any yes answer if you provide medication-assisted treatment (MAT) services.

1. Do you provide MAT services?  
 Yes  
 No
  
2. What type of MAT medication(s) do you use to treat opioid addiction?  
 Buprenorphine (and buprenorphine products)  
 Naltrexone  
 Methadone
  
3. Do you employ a navigator\*?  
 Yes  
 No

### Office-based addictions treatment (OBAT) health care professional standards

The following information outlines OBAT health care professional standards:

- Prescribe approved MAT medications onsite by qualified prescriber
- Follow standard best practice guidelines for prescribing of MAT
- Physician, nurse or other qualified health care professional provides education consistent with the nature of the problem(s) and the patient's and/or family's needs related to substance use, MAT and associated health conditions
- Participate in training or consultation offered through the COE, as needed
- Develop and maintain integrated care relationships
- Provide, or arrange for, substance use counseling, as needed
- Consistent with American Society of Addiction Medicine (ASAM) guidelines, offer counseling in conjunction with MAT or refer for counseling, which includes establishing a care provider network for referral to services not provided by the OBAT
- Assess and maintain risk management criteria, such as prescription monitoring program checks, random drug screening and client service plans for adherence
- Utilize multi-disciplinary staff to provide MAT, counseling and care management
- Provide individualized care and use navigator support to help patients obtain needed support services, such as counseling, social services, recovery supports, patient and family education and/or referrals to premier providers or COE, as needed

\*A Navigator is an RN, LPN, SW, Baccalaureate degree with two years lived experience, or an Associate degree with four years lived experience, who helps patients get the services they need. These services can include support services, counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or Centers of Excellence (COE).

**Attestation**

I understand that UnitedHealthcare may require documentation to verify that I meet the criteria pertaining to the MAT services designated in the OBAT Care Provider Standards section above, if applicable. I'll cooperate with a UnitedHealthcare documentation audit, if requested, to verify that I meet the required criteria.

I hereby attest that all of the information above is true and accurate to the best of my knowledge, and, by signing this attestation, agree to provide MAT services.

I understand and agree that a facsimile or photocopy of this Attestation shall be as effective as the original.

**Your signature is required to complete this attestation.**

---

**Care Provider Name**

---

**Name (if different from the care provider named above)**

---

**Signature**

---

**Date**

Doc#: PCA-1-016315-06242019\_07092019

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Submit the attestation form to Wellcare Provider Representative Evelyn Mora at [evelyn.mora@wellcare.com](mailto:evelyn.mora@wellcare.com). Turnaround time is approximately 30-60 days and you can typically begin billing within a month. You will be notified by Wellcare when you can start billing.



## Office-Based Addiction Treatment Navigator Attestation Form

By signing below, I attest that I am a physician (or physician group/physician extender) who has a current DEA registration that includes Schedule III authority and I request that Wellcare Health Plans of NJ update my information to reflect my ability to provide the following services to patients enrolled in Wellcare plans.

- Medication Assisted Treatment (MAT)
- Office Based Addiction Treatment (OBAT). Must employ Navigators as part of OBAT program. Please complete Attestation that follows.

### Part 1: Navigator/Office Info

Application Information: Please provide your demographic information	
Navigator's Name:	
Navigator's NPI:	
OBAT Provider Name:	
Office Address:	
Group/Billing NPI:	Provider DEA:
Office Telephone:	Mobile Telephone:
E-Mail Address:	

### Part 2: Check all Office Based Addiction Treatment Navigator requirements that you meet. All OBAT navigators must meet at least one:

#	Qualification	
1	Licensed healthcare provider acting within his or her scope of practice under state law such as a RN, LPN, or LSW	
2	Individual with a Baccalaureate degree with two years clinical (office) or lived experience	
3	Individual with an Associate degree with four years clinical (office) or lived experience	
4	Certified medical assistant with four years clinical (office) or lived experience	

Physicians, APNs, and Pas **may not** serve as Navigators.

The provider's office is responsible for maintaining documentation supporting the qualification chosen. For all line items listed above, acceptable supporting documentation includes a copy of applicable license, diploma, or certification with a written description of the qualifying clinical/life experience.

Navigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Sample claim form

## General sample claim

Write prescriber NPI number as the Rendering Provider number (indicated in the box)



### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
1. MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (ID#/Du/D#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK/LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/> )									
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> )									
CITY					STATE					7. INSURED'S ADDRESS (No., Street)									
ZIP CODE					TELEPHONE (Include Area Code)					8. RESERVED FOR NUCC USE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)										11. INSURED'S POLICY GROUP OR FECA NUMBER									
SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY) QUAL.										15. OTHER DATE (MM DD YY) QUAL.									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate to service line below (24E))										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES									
A. _____ B. _____ C. _____ D. _____										22. RESUBMISSION CODE ORIGINAL REF. NO.									
E. _____ F. _____ G. _____ H. _____										23. PRIOR AUTHORIZATION NUMBER									
I. _____ J. _____ K. _____ L. _____										24. A. DATE(S) OF SERVICE (From MM DD YY To MM DD YY) B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) (CPT/HCPCS) MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS									
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31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										28. TOTAL CHARGE \$									
SIGNED _____ DATE _____										29. AMOUNT PAID \$									
32. SERVICE FACILITY LOCATION INFORMATION										30. Rsvd for NUCC Use									
a. NPI										33. BILLING PROVIDER INFO & PH # ( )									
b. NPI										a. NPI b.									

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**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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1. MEDICARE <input type="checkbox"/> (Medicare#) <input checked="" type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#) <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID#)						1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>YHZ12345678</b>																																															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>JOHN DOE</b>						3. PATIENT'S BIRTH DATE MM DD YY 1 1 1900 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>JOHN DOE</b>																																												
5. PATIENT'S ADDRESS (No., Street) <b>123 MAIN ST</b>						6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street) <b>123 MAIN ST</b>																																									
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ZIP CODE <b>08000</b>			TELEPHONE (Include Area Code) <b>( 609 ) 1234567</b>						ZIP CODE <b>08000</b>			TELEPHONE (Include Area Code) <b>( 609 ) 1234567</b>																																									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER <b>780</b>																																									
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c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						c. INSURANCE PLAN NAME OR PROGRAM NAME																																									
d. INSURANCE PLAN NAME OR PROGRAM NAME <b>HORIZON NJ HEALTH</b>						10d. CLAIM CODES (Designated by NUCC)						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																																																					
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31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) VERIFIED BY pdfFiller 12/27/2022 SIGNED _____ DATE <b>12/27/2022</b>												32. SERVICE FACILITY LOCATION INFORMATION <b>PROVIDER OFFICE                  456 MAIN STREET                  ANY TOWN, NJ 08001</b>						33. BILLING PROVIDER INFO & PH # <b>( 609 ) 1234567</b>																																			
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PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE EMG										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER										F. \$ CHARGES										G. DAYS OR UNITS										H. EPSDT Family Plan										I. ID. QUAL.										J. RENDERING PROVIDER ID. #									
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31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  PROVIDER SIGNED _____ DATE <b>12/27/2022</b>																				32. SERVICE FACILITY LOCATION INFORMATION <b>PROVIDER OFFICE                  456 MAIN STREET                  ANY TOWN, NJ 08001</b>																				33. BILLING PROVIDER INFO & PH # <b>( 609 ) 1234567</b> <b>PROVIDER GROUP                  456 MAIN ST                  ANY TOWN, NJ 08001</b>																																																	
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## About the Camden Coalition

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

Through our **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition, we connect complex care practitioners with each other and support the field with tools and resources that move complex care forward.