

Since April 1, 2017, the DMAS Addiction and Recovery Treatment Services (ARTS) benefit has expanded access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS and FAMIS MOMS. These services include the following hospital-based services:

Medically Managed Intensive Inpatient Services (ASAM Level 4.0)*- acute detoxification services occurring at acute care hospitals on a *medical floor* which offers medically directed acute withdrawal management and related treatment.

Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)*- alcohol or other drug treatment, including planned and structured regimen of 24-hour professionally directed evaluation, observations, medical monitoring and addiction treatment in an inpatient setting consisting of a freestanding facility or a specialty unit in a general or psychiatric hospital. For this service, hospitals are licensed with the Department of Behavioral Health and Developmental Services (DBHDS) for medical detox or managed withdrawal. These are in the psychiatric unit of an acute care hospital.

*Providers are responsible for requesting an authorization from the correct plan for the most appropriate level of care that is clinically relevant to the course of treatment.

Facilities are responsible for verifying eligibility at the time services are rendered. Eligibility can be checked through DMAS MediCall audio response system (1-800-884-9730 or 1-800-772-9996) or the DMAS web-based internet option, available on the Virginia Medicaid Web Portal.

If a member has active Medicaid at the time of admission, and **primary reason for admission is substance use disorder related, an ARTS authorization request should be submitted to the member's managed care organization (MCO) or the Magellan Healthcare/Behavioral Health Services Administrator (BHSA) within 1 business day of admission.** Retroactive requests for authorizations will not be approved with the exception of retroactive Medicaid eligibility for the individual. If a member has active Medicaid at the time of admission, and the **primary reason for admission is medically related, a fee-for-service medical authorization request should be submitted to the fee-for-service contractor, Kepro, within 1 business day of admission.** For members enrolled in a Medicaid MCO, providers should submit the medical authorization request to the member's MCO. The same rule applies for medical services as stated above for retroactive Medicaid eligibility.

An authorization is required prior to submission of claims for reimbursement. Magellan of Virginia is unable to reimburse claims that do not contain the appropriate revenue and HCPCS codes related to the ARTS authorization on file with Magellan. **ARTS claims must have a primary substance use diagnosis.** For additional information regarding billing/submitting claims, please review the ARTS

Reimbursement Structure and ARTS Billing Methods by ASAM Level of Care documents found here:

<https://www.dmas.virginia.gov/#/arts>

Place of Service	Provider	Primary Diagnosis & Focus of Treatment	Service	Benefits Applied to	Responsible for FFS Members
Facility- Med/Surg	Med/Surg Attending	Medical	Med/Surg for Medical Dx	Med/Surg	Kepro
Facility- Med/Surg	Med/Surg Attending	Substance use	Medically Managed Intensive Inpatient (ASAM 4.0)	BH Coverage	Magellan of Virginia
Facility- Med/Surg	Med/Surg Attending	Primary Medical with secondary Mental Health or Substance Use	Med/Surg for Medical Dx	Med/Surg	Kepro
Facility- BH Psych Unit	BH Attending	Substance use	Medically Monitored Intensive Inpatient Treatment (ASAM 3.7)	BH Coverage	Magellan of Virginia

Facility- BH Psych Unit	BH Attending	Mental Health	Inpatient Psychiatric Services	BH Coverage	Magellan of Virginia
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Note: Managed care enrolled members have their Med/Surg and Behavioral Health inpatient services covered by the managed care organization.

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