Unbundling OTP payments bill language. The basic per diem would include the cost of the minimum treatment hours, but permit billing for individual and group sessions provided in excess of that amount. The bill would also align the language of minimum treatment service requirements with billing code requirements, but this does not increase or decrease minimum hour requirements. It is a technical fix.

Subd. 5. Rate requirements.

(a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter.

(b) Eligible substance use disorder treatment services include:

(1) outpatient treatment services that are licensed according to sections 245G.01 to 245G.17, or applicable tribal license;

(1a) On July 1, 2019, or upon federal approval, programs regulated by 245G.22 or applicable tribal license, may submit a claim for outpatient treatment services in clause (1) in addition to the per diem for medication assisted therapy services in clause (6) if the outpatient treatment service is provided in addition to the minimum number of services required under section 245G.22, subdivision 15, paragraph (a).

(2) on July 1, 2018, or upon federal approval, whichever is later, comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05, and Minnesota Rules, part 9530.6422;

(2a) On July 1, 2019, or upon federal approval, programs regulated by 245G.22 or applicable tribal license, may submit a claim for a comprehensive assessment under clause (2) in addition to the per diem for medication assisted therapy services in clause (6) if the comprehensive assessment is provided in addition to the minimum number of services required under section 245G.22, subdivision 15, paragraph (a).

(3) on July 1, 2018, or upon federal approval, whichever is later, care coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (6);

(3a) On July 1, 2019, or upon federal approval, programs regulated by 245G.22 or applicable tribal license, may submit a claim for care coordination services in clause (3) in addition to the per diem for medication assisted therapy services in clause (6) if the care
coordination is provided in addition to the minimum number of services required under section 245G.22, subdivision 15, paragraph (a).

(4) on July 1, 2018, or upon federal approval, whichever is later, peer recovery support services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);

(4a) On July 1, 2019, or upon federal approval, programs regulated by 245G.22 or applicable tribal license, may submit a claim for peer recovery support services in clause (4) in addition to the per diem for medication assisted therapy services in clause (6) if the peer recovery support service is provided in addition to the minimum number of services required under section 245G.22, subdivision 15, paragraph (a).

(5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management services provided according to chapter 245F;

(6) medication-assisted therapy services that are licensed according to section 245G.07, subdivision 1, or applicable tribal license;

(7) medication assisted therapy plus enhanced treatment services that meet the requirements of clause (6) and provide nine hours of clinical services each week; *Note: Repeal of this clause is effective upon federal approval of (1a), (2a), (3a) and (4a). The Department of Human Services will notify Revisor if federal approval is obtained.

245G.22, Subd 15 (a):

Subd. 15. Nonmedication treatment services; documentation.

(a) The program must offer at least 50 consecutive minutes one unit of individual or group therapy treatment services as defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first ten weeks following admission, and at least 50 consecutive minutes one unit per month thereafter. As clinically appropriate, the program may offer these services cumulatively and not consecutively in increments of no less than 15 minutes over the required time period, and for a total of 60 minutes of treatment services over the time period, and must document the reason for providing services cumulatively in the client's record. The program may offer additional levels of service when deemed clinically.