

# Quick Tips: OBAT Model and Billing

Modified: July 2020

**Purpose:** This factsheet serves as an overview of billing practices for NJ Family Care's Office-Based Addiction Treatment (OBAT) program - specifically for OBAT providers. It does not cover Premier Providers since they are eligible for bundled payment rates.

## Overview

- **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.
  - The OBAT model requires that the office employ a navigator who can assist with addressing identified barriers and connecting patients with community resources and counseling as needed (patients are not required to engage in navigation services, but they must be offered).
  - OBAT is open to all specialties (not just primary care).
- **What is an OBAT Navigator?**
  - An OBAT Navigator is a billable member of the care team that 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 help the patient have successful referrals to additional support - such as social services, behavioral health, community connections, etc.
- **Who can be a Navigator?**
  - Licensed individual such as an RN, LPN, or SW;
  - 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.

## Process: What do you need to do in order to start billing?

1. Register with the state:
  - Providers - if you are not already registered with NJ Medicaid, you should take the following steps:
    - Register a new provider application at [www.njmmis.com](http://www.njmmis.com) (see navigator instructions below to ensure that you register them as well).
    - Contact the provider representatives at the MCOs you plan on accepting and follow their credentialing steps as instructed.



- OBAT Navigators: Once you have hired a navigator (or identified someone in your office to play this role), you should take the following steps to begin billing.
  - If they don't already have an NPI number, register your navigator at <https://nppes.cms.hhs.gov>
  - Once the navigator has an NPI you need to add them to the provider group following the steps outlined in the [March 15th, 2020 NJ Medicaid Newsletter](#).
    - Go to: [Navigator Addendum.pdf](#)
    - If you are already registered as a provider you will add the navigator in an addendum. If you are registering as a new provider you can register them as a part of the full application.
    - Once your application has been approved, notify the MCOs you are working with.

2. Submit billing codes:

- Provider visits

Visit	Code	Reimbursement
Initial Intake	90792 HF (billed once per episode of care at your site)	\$438.17
Follow up visits (stabilization and maintenance phases)	99211-99215 HF (once / week for max of 6 weeks during stabilization phase, then monthly thereafter).	100% Medicare rate

- Navigator Visits

Visit	Code	Reimbursement
Initial Intake (assessment of patient needs and creation of plan of care)	H0006HFHG (must be billed on same day or at any point after provider E/M or 90792 HF visit)	\$152
Follow up visits (stabilization and maintenance phases)	H0006HF (once / week for max of 6 weeks during stabilization phase, then monthly thereafter).	\$76

- Note: navigator billing begins after the first provider intake visit. However, after the intake visit, navigators and physicians do not need to see patients on the same day. Providers must see patients who are being navigated once per month during the duration of navigation.



- The billing codes went into effect on January 1st, 2019 (with the exception of the provider intake rate - which reimburses for \$325 from Jan 1st, 2019 - March 31st, 2019).

### 3. Documentation

- 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 be documenting H&P, criteria met for MAT appropriateness, medication management, med and health education, treatment planning, and toxicology screening as needed/able (depending on telemed situation).
- Navigator documentation should collect patient needs, barriers, goals, priorities, and safety planning, as well as referrals and referral status in a plan of care.
  - The full plan of care may be created and assessed as the patient moves through treatment phases. A full plan of care does not need to be re-collected every visit, but there should be chart notes describing the visit, new information, and next steps for every visit.
  - See the sample navigator care plan.

### Additional Resources:

- Relevant Medicaid Newsletters:
  - [Vol 30, No. 03 published March 12, 2020](#) - steps for registering navigators as members of the provider group and updates to the removal of MAT prior authorization requirements
  - [Vol 29, No. 18 published November 2019](#) - updated navigator requirements and billing schedule.
- 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.
- Additional resources such as care plans, navigation tools, and the dates of upcoming training will be available shortly. You can contact the Office of Behavioral Health or Dayna Fondell at [dfondell@camdenhealth.org](mailto:dfondell@camdenhealth.org) with any questions in the meantime.

