



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

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Office of Health Services  
Medical Care Programs

January 13, 2016

TO: Methadone Maintenance Providers and Stakeholders

FROM: Susan J. Tucker, Executive Director  
*Susan J. Tucker*  
Office of Health Services

RE: Example Scenarios to Clarify the Draft Proposal for Re-bundling Reimbursement for Community-Based Methadone Maintenance

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The Department is providing the scenarios below to help clarify and detail the billing and reimbursement structure under the methadone re-bundling proposal:

**Scenario 1, Week 1:**

A patient comes into an OTP for their first week of treatment. During this first week, the patient requires a comprehensive substance use disorder assessment, the development of a treatment plan, and titration of methadone for optimal symptom reduction. The patient also participates in a visit with the clinician individually and joins two group therapy sessions for support.

**Current reimbursement structure:** The OTP bills H0001 for the substance use disorder assessment (\$142.00 per assessment) and H0020 for methadone maintenance (\$80.00 per week) which includes the medication, dosing services, administrative services, the individual counseling, and the group counseling. This is a total of \$222.00 for this first week of treatment.

**Proposed reimbursement structure:** The OTP bills H0001 for the substance use disorder assessment (\$142.00 per assessment); H0020 for methadone maintenance (\$42.00 per week) which includes the medication, dosing services, and administrative services; H0004 for the individual counseling session (\$20.00 per 15 minute session); and H0005 twice for the two group counseling sessions (\$39.00 per 60-90 minute session). This is a total of \$282.00 for this first week of treatment.

### Scenario 2, Stable Treatment:

A patient has been in treatment for a couple months and is considered stable. They continue to receive their methadone in person at the OTP and attend a 60 minute group therapy session once a week.

**Current reimbursement structure:** The OTP bills H0020 for methadone maintenance (\$80.00 per week) which includes medication services, administrative services, and the group therapy session. This is a total of \$80.00 for a typical week.

**Proposed reimbursement structure:** The OTP bills H0020 for methadone maintenance (\$42.00 per week) which includes medication services and administrative services and H0005 for Group Outpatient Therapy (\$39.00 per 60-90 minute session). This is a total of \$81.00 for a typical week.

### Scenario 3, A Crisis Event:

A patient has been with the same OTP for some time and is stable. However, an event happens causing a crisis which requires the patient to receive a higher level of counseling than level I group or individual outpatient therapy. The OTP refers their patient to a certified addictions program (PT 50) for Intensive Outpatient (IOP) level treatment. The patient ends up receiving three days of IOP treatment in the same week during which the patient also continues to receive methadone maintenance treatment.

#### **Current reimbursement structure:**

- A. The OTP bills H0020 for weekly methadone maintenance (\$80.00 per week). The PT 50 is not able to bill for the IOP treatment they provided. This is a total of \$80.00 for the OTP and \$0.00 for the PT 50.
- B. The PT 50 bills H0015 for IOP treatment (\$125.00 per diem). The OTP is not able to bill for the methadone maintenance treatment they provided. This is a total of \$375.00 for the PT 50 and \$0.00 for the OTP.

#### **Proposed reimbursement structure:**

The OTP bills H0020 for weekly methadone maintenance (\$42.00) and the PT 50 bills H0015 for IOP (\$125.00 per diem). Both providers are fully reimbursed separately. This is a total of \$42.00 for the OTP and \$375.00 for the PT 50.

### Scenario 4, Long Term Maintenance with Take-Homes:

A patient is in the long term maintenance phase of treatment and the patient receives their medication in a take home form. The patient only comes in once a month to receive their doses and does not require counseling.

**Current reimbursement structure:** The OTP is only reimbursed if the patient comes into the OTP at least once a week. This is a total of \$0.00 for each week the patient does not come in.

**Proposed reimbursement structure:** The OTP continues to bill H0020 for weekly methadone maintenance (\$42.00) regardless of whether the patient comes in weekly, as long as the patient is seen in person by the OTP program official such as a nurse or counselor, at least once a month and receives the needed take-homes. This is a total of \$42.00 per week.

**Scenario 5, Guest Dosing:**

A methadone maintenance patient at OTP A has a death in the family and must travel across Maryland for the funeral. They will be away from their home OTP for 4 days. They receive their methadone from OTP B for those 4 days.

**Current reimbursement structure:** The Home OTP (OTP A) bills H0020 for methadone maintenance (\$80.00). The guest dosing provider (OTP B) is not able to bill. OTP A receives a total of \$80.00 for the week. OTP B receives a total of \$0.00 for the week.

**Proposed reimbursement structure:** The home provider (OTP A) bills H0020 for methadone maintenance, and is reimbursed on a weekly basis (\$42.00). The guest provider (OTP B) receives reimbursement on a per diem basis for a finite number of days (4 days at \$3.00 dollars per diem). The guest provider (OTP B) and home provider (OTP A) are expected to coordinate care across locations. The guest provider is to follow the home provider's existing plan of care. This is a total of \$42.00 for OTP A and a total of \$12.00 for OTP B.

The Department has received comments from stakeholders about the guest dosing reimbursement rate. This rate remains to be under review by the Department. However, the above scenario demonstrates that the Department is interested in creating a payment structure that will reimburse the home OTP as well as the OTP doing the guest dosing.

Key	
OTP	Opioid treatment program
IOP	Intensive outpatient program
PT	Medicaid reference for how providers are enrolled in Medicaid

