

Rebundling JOT Call
May 19, 2017

	Question	Departmental Response
1a	I processed today (May 16) an authorization for a new intake in Beacon. The authorization approved the patient in question however only 4 units were given. I followed the same steps that I usually when completing an initial authorization and I was under the impression that we should be receiving more visits for the initial authorization.	The issue that some providers had with the authorization parameters was corrected Monday evening. Any providers still experiencing issues should contact Beacon customer service (1-800-888-1965, marylandproviderrelations@beaconhealthoptions.com).
1b	In addition when we billed, the H0004 wasn't paid while the other codes, H0001, H0016 and H0020, were indeed paid.	If a program provided an H0004 on Monday and entered it into the system and it processed/ denied, the provider should research the denial code and if they cannot determine the cause of the denial (for example billing the incorrect NPI #), they should contact Beacon customer service (1-800-888-1965, marylandproviderrelations@beaconhealthoptions.com).
2	We have been billing from Thursday-Wednesday for our week of H0020. For the first week of the new billing schedule, how can we split the new fees and modifier for three days with the previous fees and no modifier for the first four days? What is the correct way to bill for these seven days to get paid for the entire week?	The provider should be able to bill their H0020/HG on Thursday as normal. They would also be able to bill any H0004 and H0005 that they provided as of 5-15-17.
3	How do we request authorization for Vivitrol with Beacon Health Option? This includes initial assessment, induction, and ongoing treatment (maintenance).	<p>Providers rendering Vivitrol services may bill J2315 for the Vivitrol medication and 96372 for the injection. J2315 and 96372 do not require a separate authorization.</p> <p>There is no weekly medication maintenance code available for the use of Vivitrol. An E&M code may be used for the monthly visit as appropriate to level of complexity of the visit and then counseling codes may be used. But there are no maintenance codes for medications other than Methadone (H0020) and Buprenorphine (H0047).</p>
4	For the documentation to bill for group (H0005), does the group sign in sheet work or does there need to be an individual note to each chart.	<p>Group counseling requires an individual note, the group sign-in sheet is not sufficient. For more information please see COMAR 10.09.80.03 (http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.03.htm). The note shall include:</p> <ul style="list-style-type: none"> • Date of service with START and END times • Services received • Reason for visit • Description of service (including how the individual participated in

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		<p style="text-align: center;">the group)</p> <ul style="list-style-type: none"> • Signatures
5	Is there a time requirement for the once a month face to face meeting for the H0020 code?	<p>No. COMAR 10.09.80 (http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.06.htm) states “the Department shall pay participating opioid treatment programs, per participant, per week provided the participant received ongoing opioid treatment medications and at least one face-to-face documented treatment service in the month for which the Program is billed.”</p>
6	How should we bill a counseling session that includes family members – as an H0004 or H0005?	<p>Counseling sessions that include the individual with the substance use disorder and family members may be billed using H0004. In order for a provider to bill for family counseling, the participant must be present for some portion of the counseling session but does not need to be present for the entire time.</p>
7	What is the proper billing procedure when a patient is 5 or 10 minutes late in arriving for a 60 minute group?	<p>There may be a grace period of up 10 minutes on either the beginning or the end of the group session, but not both. This applies to group counseling sessions only.</p>
8	Is the time that a patient sees the counselor included in the H0016 Induction code?	<p>H0016 MAT Initial Induction is not inclusive of counseling services. H0016 MAT Initial Induction may be billed concurrent with H0004 Individual outpatient counseling and/ or H0005 Group outpatient counseling.</p>