

Rebundling JOT Call  
May 26, 2017

Question	Response
<p data-bbox="218 529 730 592">Please explain what we are billing for when billing for outpatient assessment (H0001)?</p> <p data-bbox="218 634 751 824">It was our understanding that this covered the medical exam at intake, or annual physical. However, with the implementation of the new medical codes and induction being used, it doesn't appear that the assessment covers that portion of service.</p> <p data-bbox="191 834 212 857">1</p> <p data-bbox="218 867 751 1162">Beacon stated that we may still use the assessment code, in addition to other medical codes. So, is the assessment a clinical billing tool? If so, how is 'assessment' being defined specifically regarding an annual assessment? Is it an updated psychosocial? Or, completion of annual items such as review of clients rights, updated PPD, etc.?</p>	<p data-bbox="781 269 1902 399">Alcohol and/ or drug assessments (H0001) are biopsychosocial assessment completed by clinicians. According to COMAR 10.09.80.05 (<a href="http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.05.htm">http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.05.htm</a>), a comprehensive substance use disorder assessment (H0001) shall include the following:</p> <ol data-bbox="831 444 1797 604" style="list-style-type: none"> <li>1. An assessment of the following areas:             <ol style="list-style-type: none"> <li>a. Drug and alcohol use; and</li> <li>b. Substance use disorder treatment history;</li> </ol> </li> <li>2. Referrals for physical and mental health services; and</li> <li>3. Recommendation for the appropriate level of substance use disorder treatment.</li> </ol> <p data-bbox="781 649 1860 773">Assessments shall also be reviewed and approved by a licensed physician or licensed practitioner of the healing arts, within the scope of his or her practice under State law. Assessments may include past medical information but they are not a medical visit in and of themselves.</p> <p data-bbox="781 818 1877 980">Providers may also bill for Methadone or Buprenorphine Induction (H0016) during the first week of treatment which includes all necessary medical services during the initiation of MAT treatment. During this time providers may not bill for E&amp;M codes. However, if additional medical assessment or medication management is required (outside of the first week), OTPs may bill for E&amp;M code 99211 – 99215 as appropriate.</p> <p data-bbox="781 1026 1902 1250">Having patients taking methadone or buprenorphine see the program physician and/or NP for an annual history and physical examination (H+P) is medically appropriate. This is not the same as the assessment (H0016). An annual H+P would include gathering relevant medical history and performing an accordingly relevant physical examination given a patient's SUDs and other medical/psychiatric conditions and treatments, with particular attention to the treatment for opioid use disorder. This visit would then be billed for under an accompanying appropriate E&amp;M code.</p> <p data-bbox="781 1295 1881 1419">Annual PPD testing which involves LPNs placing and reading PPDs is not separately billable. Medical input beyond the LPN may be needed if the patient has a newly positive PPD or has symptoms that need further medical evaluation and possible intervention. Such a visit would then be billable using the appropriate E&amp;M code for that visit. Accompanying documentation</p>

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		would need to identify the medical necessity for the visit.
2	Can an OTP conduct individual counseling sessions via telephone calls?	Substance use disorder services covered under <a href="#">COMAR 10.09.80</a> may not be conducted via telephone. Please see the limitations for community based substance use disorder services listed here: <a href="http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.06.htm">http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.06.htm</a> .
3	According to the 'Community-Based Substance Use Disorder Fee Schedule' we cannot bill H0004 and H0005 (PT32) with IOP H0015 (PT50) and vice-versa. We need clarification whether these services can be billed interchangeably during the same week or not.	When an individual is receiving level one services by any provider, they cannot also be receiving IOP services by same or different provider. If an individual needs IOP, the OTP may not bill for Level 1 services, but only their MAT bundled rate. Please review the transmittal ( <a href="http://maryland.beaconhealthoptions.com/provider/alerts/2017/PT-26-17-Combination.pdf">http://maryland.beaconhealthoptions.com/provider/alerts/2017/PT-26-17-Combination.pdf</a> ) which clearly indicates an individual cannot be in two levels of service at the same time. COMAR 10.09.80.06 ( <a href="http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.06.htm">http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.06.htm</a> ) and the SUD fee schedule and combination of service documents, Level 1 group or individual counseling may not be billed during the same week as level 2.1 intensive outpatient treatment or level 2.5 partial hospitalization treatment.
4	BHA has received reports of providers instructing patients who prior to 5/15 were receiving once a month take homes, to now come in once a week, even if potentially not medically necessary, and presumably to bill for counseling services.	DHMH and Beacon regularly review treatment providers and will be specifically targeting this issue in their reviews. If medically/clinically unnecessary services are being provided and reimbursed, the provider will be subject to retractions.
5	The E & M codes are being denied saying authorization is required. I was under the impression that no additional authorization was needed with the H0020 HG code. Is that correct?	Yes, that is correct. Beacon has become aware that there was a situation with the service class which caused a small group of claims to deny. This occurred on the initial 2 days of the implementation and for the previous authorization that were in the system. During this period of time, if the provider billed the 99213 (or other E&M code) with the HG modifier it would have denied. All requests that have been entered since 5/17/17 are entered correctly and are flowing through the claims system smoothly. We have worked on a sequel within the system to correct the situation and the claims are being reprocessed that were previously entered. Beacon re-adjudicating claims this week.