

Rebundling JOT Call  
June 16, 2017

Question	Departmental Responses
<p>1 Please provide clarity on the annual H0001 biopsychosocial assessment. Specifically, is this considered an appropriate annual service?</p>	<p>According to Medicaid combination of service rules and COMAR 10.09.80.06, H0001 may be billed once per 12 months per participant per provider; unless, there is more than a 30 day break in treatment.</p> <p>Having patients taking methadone or buprenorphine see the program physician and/or NP for an annual history and physical examination is medically appropriate. This should be billed with the appropriate E&amp;M code, as this is not the same as the assessment (H0001). An annual history and physical examination would include gathering relevant medical history and performing a physical examination, with particular attention to the treatment for opioid use disorder. An assessment would include collecting biopsychosocial information about the patient with particular attention to ASAM dimensions.</p>
<p>2 I am writing to receive clarification with the E &amp; M code 99211. My understanding was only physicians, NPs, and PAs could provide the service. This is supported when looking at the SUD-Fee-Schedule, since it states services rendered by physicians, NPs, and PAs. I have staff members who believe that an RN can be the rendering provider for code 99211. Is this correct?</p>	<p>For 99211 the physician, NP, or PA does not necessarily have to be present, but must be involved in the service. Services provided by an RN without the involvement of a physician, NP, or PA would not be an appropriate use of 99211.</p> <p>The Department and Beacon Health Options presented guidelines for how often E&amp;M codes should be billed without additional authorization from Beacon. It is up to the clinical judgment of specific programs to determine how best to use their limited number of E&amp;M codes in the most efficient way for their patients. Programs that are over utilizing E&amp;M codes, regardless of which level of E&amp;M, will be found on report and receive audits from Beacon.</p> <p>For more information on E&amp;M codes, refer to the Current Procedural Terminology (CPT) book.</p>
<p>3 We are seeking guidance on the appropriate use of E &amp; M code 99211 when a patient is not present during the provision of documented medical services.</p> <p>Examples of brief and straight forward medical services provided without the presence of the patient can include:</p>	<p>E&amp;M code 99211 can be used for the evaluation and management of a patient that may not require the face to face presence of a physician when the presenting problems are minimal. In an OTP setting, this would include:</p> <ol style="list-style-type: none"> <li>1) when a counselor consults with a doctor about a dose change, the doctor reviews the information/labs and writes an order for a dose change without seeing the patient; or</li> <li>2) when a counselor consults with a doctor concerning allowing take home doses of medication and the doctor reviews the clinical information/labs and writes an order</li> </ol>

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<p>a) a review of the medical record and/or consultation with program staff to determine a dose adjustment of a medication dispensed by the OTP</p> <p>b) a review of the medical record and/or consultation with program staff to determine a change in the patient's Take Home phase</p> <p>c) a review of the medical record and/or results of previously ordered medical tests to determine a change or continuation of current treatment</p> <p>d) a review of the medical record and communication from a community medical provider to determine a change or continuation of current treatment (excluding phone conversations)</p> <p>Question: If a medical provider spends at least 5 minutes completing one of the above medical consultations, can a 99211 be billed for each of these examples?</p>	<p>for take homes.</p>
<p>4 Can OTPs (Type 32) bill and be paid for CPT code 93000, which is the performance of an EKG?</p>	<p>No. OTPs may only be reimbursed for the codes listed on the Public Substance Use Disorder Fee Schedule which can be found here: <a href="http://maryland.beaconhealthoptions.com/provider/prv_info.html">http://maryland.beaconhealthoptions.com/provider/prv_info.html</a>.</p> <p>During the JOT call, a question was brought up about whether OTPs could bill E&amp;M codes for EKG interpretation. The OTP medical director's workgroup will discuss and provide additional guidance on the use of EKGs for patients taking methadone or buprenorphine in an OTP.</p>
<p>5 Is one primary diagnosis code sufficient when billing codes H0016 and counseling session H0004 or must there be detailed codes reflecting what happened during the visit. I am assuming for H0001 only one code, F11.20, is needed.</p>	<p>One primary diagnosis code is required for all claims. It is standard medical practice that secondary diagnoses are included if present.</p>