

Rebundling JOT Call
June 23, 2017

Question	Departmental Responses
<p>1 Is the amount of units for E & M codes 12 times per year? That is what I read on the fee schedule that 12 should be sufficient. Is that correct?</p>	<p>The Department will reimburse up to 12 visits per participant per year, when clinically indicated. If additional units are needed, providers should contact Beacon Health Options with the clinical need. Beacon will be monitoring the use of E&M codes and will contact providers if it appears that the provider is consistently overusing E&M codes.</p> <p>Beacon has already identified some potential misuse of billing codes and will be addressing those issues directly with providers.</p>
<p>2 Are we able to bill H0004 for OTP patients admitted to Nursing Homes if the counselor goes to the Nursing Home to do the Counseling?</p>	<p>H0004 is billable with place of service 32 (nursing facilities). The counseling service shall be delivered by an independently licensed counselor (LCSW-C, LCPC, LCADC).</p>
<p>3 Does a physician need to be in the clinic when the services associated with 99211 are rendered?</p>	<p>For 99211 the physician, NP, or PA* does not necessarily have to be present with the patient, but the physician must be involved in the service. Services provided by a non-physician without the involvement of a physician, NP, or PA would not be an appropriate use of 99211.</p> <p>Please see the two scenarios outlined in the answer to question #5 below for examples of appropriate use of 99211. In these scenarios the physician must be involved in the service but does not necessarily have to be in the building at the time of the service.</p>
<p>4 Many OTPs have weekly interdisciplinary team meetings, in which counselors and nurses consult with physicians about dosage changes or take-home privileges. The doctor reviews clinical information and labs, documents clinical decision-making, and writes orders. Please confirm that:</p> <ul style="list-style-type: none"> a. This encounter would be billable as a 99211 b. The date of service for this encounter would be the date of face-to-face encounter with the non-physician provider, not the date of the team meeting. c. Does the team meeting need to occur within a certain timeframe after the non-physician's service was performed? 	<p>The scenario of the doctor reviewing clinical information and labs, documenting clinical decision-making and writing orders would be billable as a 99211. The date for this encounter would be the date when the physician/ordering provider rendered this service. The context in which this occurs is not a consideration for the 99211 service rendered. The timeframe for when the 99211 service is rendered is also not a consideration as it is based on the nature of the information and the individual clinical situation.</p> <p>The Department and Beacon Health Options presented guidelines for how often E&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&M codes in the most efficient way for their patients. Programs that are over utilizing E&M codes, regardless of which level of E&M, will be found on report and receive audits from Beacon.</p>

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5	Please confirm the non-physician provider types who can perform & bill for 99211.	<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 a non-physician without the involvement of a physician, NP, or PA would not be an appropriate use of 99211.</p> <p>E&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"> 1) When a counselor consults with a doctor about a dosage change, the doctor reviews the information/ labs and writes an order for a dose change without seeing the patient; or 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
6	Which provider would be providing the documentation of the 99211 service? Does the nurse/counselor provide the documentation indicating they communicated with the physician, or does the physician provide the documentation indicating they communicated with another staff member?	The process of documentation follows standard expectations for service documentation. This means the nurse/counselor would document their interaction with the patient and appropriate referrals of any information gathered based on established procedures/protocols. The ordering provider documents their review of the information, labs, and any other information necessary for decision-making related to the information reviewed, as well as any corresponding decisions/orders made.

* Under current federal regulation, two provider categories apply to the management of medication services in an OTP; 1) "program physician" and 2) "healthcare professionals functioning under the medical director's direct supervision." The latter category includes advanced practice nurses/nurse practitioners and physician assistants. The regulations allow for "some aspects of medication-assisted treatment" to be provided by these professionals within the "individual licensing, scope of practice, and supervision requirements of each state" and "within the OTP beyond the federal roles and limits spelled out in these Guidelines [CSAT 2015]."

In Maryland, Nurse Practitioners operate as independent practitioners within their scope of practice. This includes performing physical examinations, prescribing medications, ordering laboratory and other imaging tests, and interpreting and acting on those test results as appropriate. Within the regulations of an OTP, this allows Nurse Practitioners to serve as rendering providers under the direct supervision of the OTP Medical Director. "Rendering Provider" is how Medicaid, BHA, and Beacon recognize Nurse Practitioners providing E&M services in an OTP.

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"Rendering Provider" differs from an "Ordering Provider". According to federal regulations, the "program physician" is the practitioner authorized to order and/or change a patient's dosage of methadone or buprenorphine; thus, is the "Ordering Provider". This can be done with assistance from the Rendering Provider but ultimately it is the Medical Director who assumes responsibility for all medical services provided by the Rendering Provider. There is an exception that has been granted to some OTPs that allow for Nurse Practitioners to serve as both the Rendering and Ordering Provider. For questions about this exception process, please contact the Maryland SOTA.