



PROVIDER ALERT

PROVIDERS IMPACTED: LABORATORIES, ADULT RESIDENTIAL SUD PROGRAMS AND OPIOID TREATMENT PROGRAMS REMINDERS AND BILLING UPDATES

JULY 3, 2018

1. Drug Testing by Laboratories (Provider Type 10) for patients who are in adult residential SUD treatment (Provider type 54) :

All drug tests are included as part of the daily bundled rate regardless of whether the test is completed in the program's office or sent to a laboratory.

As specified in COMAR 10.09.09.05F, separate billing of laboratory tests are not allowed when they are included under a bundled rate.

Adult Residential SUD providers are responsible for paying laboratories for drug tests for patients under their care. As such, starting July 9, 2018, Beacon will deny or retract any lab claim that is billed on the same day as a residential claim and the lab will be directed to bill the Adult Residential Program directly.

Labs may appeal this decision only if they have documentation to support that the lab billed was ordered by a provider other than the PT-54.

2. Drug Testing by PT-10s for patients in care of an Opioid Treatment Program (Provider Type 32) :

All drug tests are included as part of the bundled rate for administrative/MAT services for patients seen by a PT-32.

As specified in COMAR 10.09.80.06J, PT-32's are required to have independent contracts with a lab of their choosing.

Labs must bill the OTP provider for lab services ordered by OTPs and performed on their patients, and may not also bill Medicaid. Starting July 9, 2018, Beacon will deny or retract lab claims billed on the same day or within the same week as an Opioid Treatment Program as the provider is responsible for the payment. Labs may appeal this decision if they have documentation to support that the lab billed was ordered by a provider other than the PT-32.

Appeals Process

Claims denials in the above scenarios will be denied based on the bundled rate for those provider types that make them responsible for lab costs ordered by programs. These denials are considered administrative. If the Lab believes this administrative denial has resulted from an error, technical or otherwise, made by Beacon Health Options, and that

the patient's drug tests were not ordered by a PT-54 or PT-32, they may appeal the claim denial through an expedited process. Appeals may be sent to:

Attn: Appeals and Grievance
Beacon Health Options Maryland
P.O. Box 1850
Hicksville, NY 11802-1850

Please include the necessary documentation to demonstrate that the lab was ordered by a provider other than a PT-54 or PT- 32. Failure to include the appropriate documents may result in significant delay or denial to review the claim appeal. The provider must submit the request to review the claim within 30 days from the date of the administrative denial notice.

Provider Alerts can be viewed online by clicking on the following link:

http://maryland.beaconhealthoptions.com/provider/prv_alerts.html.

Provider Alerts typically published to the website within 10 business days.

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