



Beacon Health Options Re-bundling Medically Assisted Treatment

April 12, 2017

Authorizations

- Re-bundling will occur on May 15, 2017
- Re-bundling is for community-based providers.
- Current authorizations will not have to be re-entered.
- All current authorizations will be supplemented with additional units (based on a Medicaid approved formula) to allow providers to bill for these services thru the expiration of the current authorization using re-bundled billing methodology.
 - This process will happen over the May 13/14, 2017 weekend
- Providers will receive a subsequent concurrent authorization bundle upon the next concurrent authorization.
- New consumers will receive the new (initial) authorization bundles

Authorizations (cont.)

- Providers will continue to use the “Methadone OMS” authorization line option in ProviderConnect for both initial and concurrent reviews.
- Work flow is the same as current one.

Authorizations (cont.)

- Providers will receive the following authorization bundles:
 - Initial OMS authorization bundle
 - » 2 weeks (to complete the OMS questionnaire)
 - » 1st week includes induction services (H0016)
 - » 30 units

 - Initial Concurrent authorization bundle
 - » 6 months
 - » 160 units

 - All Subsequent Concurrent authorization bundles
 - » 6 months
 - » 110 units

Authorizations (cont.)

■ Units

- H0020/HG and H0047 – 1 unit per week (administration of medication)
- H0016 – 1 unit (induction during the Initial OMS authorization bundle)
- H0004 – 1 unit (per 15 minute time increment for individual outpatient therapy)
 - Ex: 45 minute individual therapy session would bill H0004 and use 3 units (on their billing form)
- H0005 – 1 unit (60—90 minute group outpatient therapy session)
- 99211/HG, 99212/HG, 99213/HG, 99214/HG, 99215/HG – 1 unit (Evaluation and management codes used for physician/NP medication management services)

Authorizations (cont.)

- 96372/HG – therapeutic injection (for Vivitrol services)
- H0001 – assessment (does not require an authorization)
- W9520 – guest dosing for methadone (does not require an authorization)
- W9521 – guest dosing for buprenorphine (does not require an authorization)
- J codes for buprenorphine/Vivitrol remain the same (requires appropriate NDC code)
- (please note billing change for H0020 and the E&M codes. All these codes require an “HG” modifier to be billed; otherwise, your claim will deny.)

Reimbursement rates

- H0001 -- \$144.84 per assessment (once per 12 month period or if there is a 30 day break in treatment)
- H0020/HG -- \$63.00 per week
- H0047 -- \$56.00 per week
- H0016 -- \$204.00 for the initial induction to happen during the first week of care. (Cannot bill an E&M code during this time)
- H0004 -- \$20.40 per 15 minute increment for individual therapy
- H0005 -- \$39.78 per 60—90 minute group therapy session
- W9520 -- \$9.00 per day (methadone guest dosing)
- W9521 -- \$8.00 per day (buprenorphine guest dosing)
- Rates for buprenorphine (J codes) and Vivitrol will remain the same

Reimbursement rates (cont.)

- Evaluation and management (E&M) codes billed by physician (MD), nurse practitioner (NP) or physician assistant (PA)
 - 99211/HG – MAT Ongoing (E&M, including Rx minimal) \$20.26
 - 99212/HG – MAT Ongoing (E&M, including Rx straight forward) \$43.96
 - 99213/HG – MAT Ongoing (E&M, including Rx low complexity) \$73.47
 - 99214/HG – MAT Ongoing (E&M, including Rx moderately complex) \$108.04
 - 99215/HG – MAT Ongoing (E&M, including Rx highly complex) \$145.44

Reimbursement rates (cont.)

- 96372/HG – \$19.86 for therapeutic injection for Vivitrol services

- Note: an “HG” modifier must be on the bill to be reimbursed for E&M codes and H0020

Combination of Services

- OTP providers are expected to deliver all individual (H0004) and group (H0005) counseling for clients under their care. Clients may not receive Level 1 counseling services from another Provider (Provider Type 50 or 32) for SUD.
- OTP providers can bill the weekly administrative fee (H0020/HG) while a consumer is in IOP or being guest dosed.
- OTP providers may not bill H0004/H0005 while the client is receiving IOP or PHP services.
- Providers cannot bill clients for guest dosing.
- Cannot balance bill a Medicaid consumer.

Combination of Services (cont.)

- **Provider Type 32**
- **H0001 (Substance Use Disorder Assessment)**
 - Can only be billed once per 12-months, per participant, per provider unless there is more than a 30 day break in treatment
- **H0004 (Individual outpatient therapy)**
 - Cannot bill with H0015 (SUD IOP) or H2036 (Partial Hospitalization)
- **H0005 (Group outpatient therapy)**
 - Cannot bill with H0015 (SUD IOP) or H2036 (Partial Hospitalization)

Combination of Services (cont.)

- **H0016 (Medication Assisted Treatment Initial Induction)**
 - Cannot be billed with H0014 (Ambulatory Detox).
 - Cannot be billed with H0020 (Methadone Maintenance) or H0047 (Ongoing Buprenorphine Monitoring) except for the initial induction week)
- **H0020-HG (Methadone maintenance)**
 - Cannot be billed with H0014 (Ambulatory Detox), or H0047 (Ongoing Buprenorphine Monitoring).
 - Cannot be billed with H0016 (MAT Initial Induction) except for the induction week.

Combination of Services (cont.)

▪ **W9520 (Methadone Guest Dosing)**

- Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program.
- One patient is eligible for up to 30 days of guest dosing per year. If additional days are required, providers must contact the ASO with clinical reasoning to request additional units.
- The home program and guest dosing program shall be in communication regarding dosage, days of guest dosing required and other clinical concerns.

Combination of Services (cont.)

▪ **H0047 (Ongoing Buprenorphine Monitoring)**

- Cannot be billed with H0014 (Ambulatory Detox) or H0020 (Methadone Maintenance).
- Cannot be billed with H0016 (MAT Initial Induction) except for the induction week.

▪ **W9521 (Buprenorphine Guest Dosing)**

- Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program.
- One patient is eligible for up to 30 days of guest dosing per year. If additional days are required, providers must contact the ASO with clinical reasoning to request additional units.

Combination of Services (cont.)

- The home program and guest dosing program shall be in communication regarding dosage, days of guest dosing required and other clinical concerns.
 - **99211 – 99215/HG (MAT Ongoing Evaluation and Management, including Rx -Minimal)**
 - May only be billed by PT 32s when the service is delivered by an appropriately credentialed physician or nurse practitioner (and billed with the HG modifier).
 - Cannot be billed with H0014 (Ambulatory Detox) or H0016 (MAT Initial Induction).
- Note: an “HG” modifier must be on the bill to be reimbursed for E&M codes and H0020

Treatment Planning



Individualized Treatment/Recovery Planning

- All treatment services should be based on the individual's clinical needs after full assessment
- Plan should be developed together with the individual in treatment
- Plan can change as clinical needs change
- More intensive services generally needed during initial phase of treatment
- Expectation that frequency/intensity of services will be tapered as individual makes progress
- Should include use of random drug screens – see lab guidelines
- More authorizations given than most individuals will need

An Example 1 of Initial Phase of Treatment

Months 1- 3

Weeks 1- 4: two groups, one individual session, one doctor/week

- Two groups H0005 = 2 units x 4 weeks = 8 units
- One hour H0004 = 4 units x 4 weeks = 16 units
- One Induction H0016 week one = 1 unit
- One E&M weeks 2,3,4 = 1 unit x 3 weeks = 3 units

Weeks 5-12: one group and one individual/wk.; one doctor/mo.

- One hour H0005 = 1 units x 8 weeks = 8 units
- One hour H0004 = 4 units x 8 weeks = 32 units
- One E&M/month x 2 mo. = 2 units
- **70 + 12 units for H0020/HG or H0047 = 82 units**

Example: months 3 -- 6

Months 4,5, 6: one group/week, one individual/month; one doctor/month

- $H0005 = 1 \text{ unit/week} \times 12 \text{ weeks} = 12 \text{ units}$
- One hour $H0004 = 4 \text{ units/week} \times 12 \text{ weeks} = 48 \text{ units}$
- One E&M = 1 unit/mo. $\times 3 = 3 \text{ units}$
- **Total = 63 + 12 units H0020/HG or H0047 = 75**

Months 1- 6, if individual attended every session, will have used $82 + 75 = 157$

- Authorizations for this period total **190**
- Beacon monitors utilization. Data mining identifies outliers.

Evaluation and Management Services (E/M)

Level of E/M depends on 6 components:

Key Components

- History
- Examination
- Medical decision making***

Contributory factors

- Counseling
- Coordination of care
- Nature of presenting problem

*Time- Face to face. **Not** a descriptive component. “Typical” given*

Choices

- **99211**- presence of physician not required, minimal 5 min.
- **99212**- problem focused history and exam; straightforward medical decision making, typically 10 min.
- **99213**- expanded problem focused history and exam; medical decision making of low complexity, typically 15 min.
- **99214**- detailed history and exam, medical decision making of moderate complexity, typically 25 min.
- **99215**- comprehensive history and exam, medical decision making of high complexity, typically 40 min.
- **Note:** an “HG” modifier must be on the bill to be reimbursed for E&M codes.

Training and Monitoring

- If physicians not already used to using E/M codes, recommend they get **training**
- Recommend purchasing **AMA CPT – current procedural terminology- Standard Edition**

This is the official CPT codebook with rules and guidelines

Monitoring:

- Beacon runs reports on types and frequency of E/M codes
- If using within expected normal practice standards, no further involvement, except random audits
- If an outlier found through “data mining”, expect audit
- Medical record must support each billing code used

Thank you

