



## Connecticut Medical Assistance Program

Policy Transmittal 2017-27

Roderick L. Bremby, Commissioner

Provider Bulletin 2017-22

December 2017

Effective Date: February 1, 2018  
Contact: Hector Massari @ 860-424-5152

**TO: Methadone Maintenance Clinics**

**RE: Methadone Maintenance Reimbursement Guidelines**

Effective for dates of service February 1, 2018 and forward, the Department of Social Services (DSS) is changing the rules for payment, billing, and documentation as described below for Methadone Maintenance Clinics.

Clinics will be reimbursed a daily rate that will include payment for all services within each phase of treatment.

For any week for which a chemical maintenance service is provided on fewer than seven days, DSS will only pay for the number of days in the week during which a service was actually provided.

### **Daily Rate for Chemical Maintenance Services**

Included in the daily rate for chemical maintenance are:

- Oral medication administration, direct observation;
- Methadone, take home;
- On-site drug testing;
- Specimen collection and handling;
- Case management;
- Individual; group or family psychotherapy; and
- Psychiatric Diagnostic Evaluation

**Please note:** Clinics shall not bill separately for any of the above services, because all are included in the daily rate.

### **Reimbursement of Chemical Maintenance Services**

On each claim, the clinic shall specify the number of daily units actually provided to each member in each week. The clinic will

be reimbursed a daily rate that includes payment for all required chemical maintenance services described above. Clinics should bill one unit of Healthcare Common Procedure Coding System (HCPCS) code **H0020 – Alcohol and/or drug services**; for each date of service (DOS) a member presents for treatment and methadone was dispensed.

Clinics that allow members ‘take-home’ doses of methadone must bill **H0020 with modifier HG – Opioid addiction treatment program** for each DOS for which take-home dosages of methadone are dispensed.

Methadone dispensed for unsupervised, take-home use should be dispensed in alignment with federal opioid treatment standard regulations, 42 CFR 8.12.

If the clinic, based on medical or clinical determination, does not dispense medication, but does provide a clinical service, the provider may bill **H0020 with modifier HF – substance abuse program** for that date of service along with the applicable informational procedure code listed immediately below (see claim example 3).

**Note:** Modifier HF and HG will remain an informational modifier and will continue to reimburse the same for the daily rate.

### **Informational Procedure Codes**

Clinics must include on their claim additional services that are provided **for informational purposes only**. See examples listed below:

- 90832 – Psychotherapy 30 mins with patient or family.
- 90853 – Group psychotherapy

- 80305 - Drug test presumptive read by direct optical observation
- 90791 – Psychiatric Diagnostic Evaluation

The services identified above that are billed separately will not be reimbursed; instead these details will deny with the following Explanation of Benefits (EOBs):

- EOB code 4801 - Procedure not covered, check: prior authorization, FTC, referring provider, quantity restrictions
- EOB code 4250 – No reimbursement rule for the associated Provider type/specialty
- EOB code 5000 – Possible duplicate of paid claim or claim that is currently in process

### **Documentation of Laboratory Testing**

The clinic shall perform all routine drug abuse screening and monitoring, that is included in the daily rate. Typical urine drug samples (other than those described in the next paragraph) can be screened on-site by the provider.

If the results of such on-site screening are inconsistent with the plan of care, or there is a suspicion that the results are invalid or tainted, urine samples may be tested by an external, independent lab.

No more than eight (8) external toxicology laboratory tests may be ordered under a single standing order in any calendar year.

In each member's medical record, the clinic must include clinical documentation demonstrating the need for any external laboratory testing ordered or referred by the licensed practitioner or physician.

For all drug tests, the clinic must include documentation in each member's medical record that appropriate licensed medical personnel in the clinic setting have reviewed and interpreted laboratory tests and

documented in the medical record how such interpretation of the tests has affected the member's plan of care.

External toxicology laboratory tests are not included in DSS' daily rate for chemical maintenance services provided by the methadone maintenance clinic. All external toxicology laboratory tests ordered shall be medically necessary for each member.

Clinics that cannot meet the above documentation requirements must not submit claims. Under post payment reviews, DSS may make adjustments for services that are billed and not documented in accordance with applicable guidelines.

### **Prior Authorization**

To be eligible for payment, Methadone Maintenance providers must obtain prior authorization (PA) for all Methadone Maintenance services through the Medicaid program behavioral health administrative services organization (ASO), Beacon Health Options. Beginning January 1, 2018, Beacon Health Options will be updating the PA parameters for Methadone Maintenance services in preparation for the February 1, 2018 effective date. Methadone Maintenance PAs obtained on January 1, 2018 and going forward will result in a PA for 365 daily units. **Please note:** For any existing daily authorizations obtained prior to January 1, 2018 and that span the February 1, 2018 effective date, Beacon Health Options will be electronically updating the authorized number of units from 53 weekly units to 365 daily units. Beacon Health Options will contact Methadone Maintenance providers directly when these adjustments are complete.

### **DSS Operational Policy (Regulations)**

Methadone Maintenance providers must comply with all applicable statutes and regulations, including, but not limited to, the DSS Behavioral Health Clinic Regulations, sections 17b-262-817 to 17b-262-828,

inclusive, of the Regulations of Connecticut State Agencies. DSS is updating these regulations, including the requirements that apply to chemical maintenance services.

In that various changes described above are necessary to comply with federal Medicaid requirements, DSS is implementing these updated regulations in draft form as a binding operational policy, in accordance with section 17b-10 of the Connecticut General Statutes. Accordingly, all Methadone Maintenance providers must comply with this operational policy (i.e., draft updated regulation) for claims with dates of service on and after February 1, 2018.

The regulation/operational policy will be posted prior to the effective date on the Connecticut Medical Assistance Program (CMAP) Web site [www.ctdssmap.com](http://www.ctdssmap.com). To access the regulation, go to “Information”, then “Publications”, then “Provider Manuals Chapter 7”, and then choose “Clinic” from the drop down menu.

### **Billing and Claim Examples**

Please see below for claim examples that contain dates of service February 1, 2018 and forward.

**Posting Instructions:** Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com)

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy and Regulations, Hector Massari, Integrated Care, at [hector.massari@ct.gov](mailto:hector.massari@ct.gov) or (860) 424-5152

**Date Issued:** December 2017

**Billing Examples****Claim Example 1:**

Detail	Date(s) of Service	Procedure Code	Units Billed	Mod	Status	EOB
#1	2/1/18 – 2/3/18	H0020	3		Paid	
#2	2/4/18 – 2/6/18	H0020	3	HG	Paid	
#3	2/1/18	90853	1		Denied	4801, 4250

**Claim Example 2:**

Detail	Date(s) of Service	Procedure Code	Units Billed	Mod	Status	EOB
#1	3/1/18 - 3/2/18	H0020	2		Paid	
#2	3/2/18	H0020	1		Denied	5000
#3	3/1/18	80305	1		Denied	4801, 4250

**Claim Example 3:**

Detail	Date(s) of Service	Procedure Code	Units Billed	Mod	Status	EOB
#1	2/1/18 – 2/3/18	H0020	3		Paid	
#2	2/4/18	H0020	1	HF	Paid	
#3	2/4/18	80305	1		Denied	4801, 4250