CHAPTER 1223. OUTPATIENT DRUG AND ALCOHOL CLINIC SERVICES

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GENERAL PROVISIONS

§ 1223.1. Policy.

The Medical Assistance Program provides payment for specific medically necessary outpatient drug and alcohol clinic services rendered to eligible recipients by drug/alcohol outpatient clinics enrolled as providers under the program. Payment for drug/alcohol outpatient clinic services is subject to this chapter, Chapter 1101 (relating to general provisions) and the limitations established in Chapter 1150 (relating to Medical Assistance Program payment policies) and the Medical Assistance Program fee schedule.

§ 1223.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Chemotherapy clinic visit—A minimum 15-minute visit only for administration of a drug for purposes other than methadone maintenance or opiate detoxification, and evaluation of a patient’s physical and mental condition during the course of prescribed medication. This visit is provided to an eligible recipient by a licensed physician or by drug/alcohol medical personnel under the supervision of a physician in an approved drug/alcohol outpatient clinic.

Comprehensive medical examination—An initial examination and evaluation by a licensed physician. The term includes a complete physical examination, comprehensive medical and drug/alcohol history, evaluation of pertinent diagnostic information necessary to formulate a diagnosis and treatment plan and recommendations for treatment or further diagnostic studies or consultation.

Department—The Department of Public Welfare of the Commonwealth.

Drug/alcohol outpatient clinic medical personnel—Licensed physicians, that is, medical doctors or osteopaths, registered nurses, licensed practical nurses, certified registered nurse practitioners and certified physician assistants.

Drug/alcohol outpatient clinic provider—A facility approved by the Department to participate in the Medical Assistance Program and which is fully or provisionally licensed by the Department of Health to provide regular psychotherapy, client management, medical and psychological outpatient clinic services for the diagnosis and treatment of drug and alcohol abuse and dependence to eligible Medical Assistance outpatient recipients who are not residents of a treatment institution or receiving similar treatment elsewhere. A drug/alcohol outpatient clinic may provide methadone maintenance if approved to do so by the Department of Health.

Drug/alcohol outpatient clinic psychotherapy personnel—Licensed physicians, clinical social workers who have been graduated from a graduate school of social work accredited or approved by the Council on Social Work Education, licensed psychologists with psychotherapy training, and other individuals permitted by the Department of Health.

Drug/alcohol outpatient clinic services—Outpatient medical services listed in the Medical Assistance Program fee schedule furnished to an outpatient while the patient is not a resident of a treatment institution, provided by or under the supervision of a physician in a facility organized and operated to provide medical care to outpatients.

Drug-free clinic visit—A minimum 15-minute clinic visit for the purpose of evaluating a patient’s physical and mental condition during a course of treatment which is free of prescribed medication. This visit is provided to an eligible recipient by a licensed physician or by drug/alcohol clinic personnel under the supervision of a physician in an approved clinic.

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drug/alcohol outpatient clinic.

Family—A person living alone or the following persons living together: spouses; parents and their unemancipated minor children and other unemancipated minor children who are related by blood or marriage; or other adults or emancipated minor children living in the household who are dependent upon the head of the household.

Family psychotherapy—Psychotherapy provided to members of a family who regularly live and interact together. At least one family member must have a diagnosed drug/alcohol abuse or dependence problem. Sessions shall be at least 1/2 hour in duration and shall be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.

Group psychotherapy—Psychotherapy provided to no less than two and no more than ten persons with diagnosed drug/alcohol abuse or dependence problems for a minimum of 1 hour. These sessions shall be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.

Home visit—A compensable drug/alcohol clinic service with the exception of group psychotherapy, delivered by appropriate drug/alcohol clinic personnel to a severely physically disabled, home-bound drug/alcohol patient in his personal residence.

Individual psychotherapy—Psychotherapy provided to one person with a diagnosed drug/alcohol abuse or dependence problem for a minimum of one half hour. These sessions must be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.

Inpatient—A patient who has been admitted to a treatment institution or an acute care hospital on the recommendation of a physician or dentist and is receiving room, board and professional services in the facility on a continuous 24-hour basis.

Intake—The first clinic contact with a patient for initiation or renewal of services.

Methadone maintenance—The provision of methadone to achieve stabilization or prevent withdrawal symptoms in persons dependent upon methadone or an opiate substance with an ultimate goal of permanent discontinued use of the methadone or opiate substance by the patient. Slow withdrawal or outpatient detoxification of the patient from the maintenance substance is considered as a part of maintenance.

Methadone maintenance clinic visit—A minimum 15-minute visit only for administration of methadone, and evaluation of a patient’s physical and mental condition during the course of prescribed methadone maintenance provided to an eligible recipient by a licensed physician or by drug/alcohol clinic medical personnel under the supervision of a physician in an approved drug/alcohol outpatient clinic.

Opiate detoxification clinic visit—A minimum 15-minute visit only for administration of a drug for ambulatory opiate detoxification, and evaluation of a patient’s physical and mental condition during the course of prescribed medication. This visit is provided to an eligible recipient by a licensed physician or by drug/alcohol clinic medical personnel under the supervision of a physician in an approved drug/alcohol outpatient clinic. Ambulatory opiate detoxification does not follow methadone maintenance or apply to detoxification from methadone.

Outpatient—A patient who is not a resident of a treatment institution and who is receiving covered medical services at an organized licensed medical facility, or distinct part of the facility, which is not providing him with room and board and professional services on a
continuous 24-hour basis.

**Psychiatric evaluation**—An initial mental status examination and evaluation provided only by a psychiatrist. The term includes a comprehensive history and evaluation of pertinent diagnostic information necessary to arrive at a diagnosis and treatment plan, recommendations for treatment or further diagnostic studies or consultation. The history shall include individual, social, family, occupational, drug, medical and previous drug/alcohol and psychiatric diagnostic and treatment information.

**Psychotherapy**—The treatment, by psychological means, of the problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the objective of removing, modifying or retarding existing symptoms, mediating disturbed patterns of behavior and promoting positive personality growth and development.

**Single County Authority or SCA**—The government agency designated by the Board of County Commissioners in a county or joinder to plan, fund and evaluate drug and alcohol activities in that county or joinder. The SCA conducts the following activities:

(i) **Administration.** The provision of planning, organizing, funding and control of the SCA drug and alcohol program.

(ii) **Evaluation.** The systematic collection, analyses and interpretation of objective data pertaining to the measurement of success in achieving goals and objectives or to the development of a needs assessment.

(iii) **Research.** The empirical investigation aimed at testing existing theories and generating new theories.

(iv) **Training.** The provision of necessary education and experience used to prepare those who will work or are currently working in the drug or alcohol field.

**Supervision by a physician**—Where the physician personally provides or orders, guides and oversees all compensable medical clinic services provided to recipients by drug/alcohol clinic medical and psychotherapy personnel.

**Treatment institution**—A facility licensed, funded or controlled by the Department of Health or its agents that provides or makes provision for full or part-time treatment or rehabilitative services for drug and alcohol abuse and dependence of resident patients.

**COVERED AND NONCOVERED SERVICES**

§ 1223.11. Types of services covered.

Medical Assistance Program coverage for outpatient drug/alcohol clinics is limited to professional medical and psychiatric services for the diagnosis and treatment of drug/alcohol abuse and dependence, as specified in the fee schedule in the Medical Assistance Program fee schedule.

§ 1223.12. Outpatient services.

The outpatient drug/alcohol clinic services specified in the Medical Assistance Program fee schedule are covered only when provided by approved drug/alcohol outpatient clinics, when ordered by a licensed physician, to eligible outpatient recipients by or under the supervision of a licensed physician. Payment is limited to the services and subject to the conditions and limitations specified in Chapter 1150 (relating to Medical Assistance Program payment policies) and the Medical Assistance Program fee schedule, this chapter and Chapter 1101 (relating to general provisions). The Medical Assistance Program is not considered to be a

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funding source for facility, project, program or Single County Authority maintenance or expansion but a program of fee for service reimbursement for actual covered medical and psychiatric services rendered to eligible outpatients in approved clinics.

§ 1223.13. Inpatient hospital services.

For inpatient acute care hospital services refer to Medical Assistance regulations for inpatient hospital services. With the exception of acute care hospital services, drug/alcohol treatment institution services or services to residents of treatment institutions are not covered under the Medical Assistance Program.


Payment will not be made for the following types of services regardless of where or to whom they are provided:

1. Nonmedical counseling consisting of supportive activities to improve an individual’s problem-solving and coping skills and intrapersonal or interpersonal development and functioning; and group recreation or group social activities, as group psychotherapy.

2. Clinic visits, psychotherapy, diagnostic psychological evaluations, psychiatric evaluations and comprehensive medical evaluations conducted over the telephone, that is, any clinic service conducted over the telephone.

3. Cancelled appointments.

4. Covered services that have not been rendered.

5. Inpatient hospital methadone maintenance.

6. Vocational rehabilitation; day care; drug/alcohol or mental health partial hospitalization; re-entry programs, occupational or recreational therapy; Driving While Intoxicated (DWI) or Driving Under the Influence Programs or Schools; referral, information or education services; experimental services; training; administration; follow-up or aftercare; program evaluation; case management; central intake or records; shelter services; research; drop-in, hot-line or social services; inpatient non-hospital or occupational program services, or any other service or program not specifically identified as a covered service in Chapter 1150 (relating to Medical Assistance Program payment policies) and the Medical Assistance Program fee schedule.

7. A Medical Assistance covered service, including drug/alcohol outpatient clinic services, provided to inmates of State or county correctional institutions or committed residents of public institutions.

8. Drug/alcohol outpatient clinic services provided to residents of treatment institutions, that is, persons who are also being provided with room and board and services on a 24-hour basis by the same facility or distinct part of such facility or program. Drug/alcohol outpatient clinic services provided to residents of inpatient nonhospital and shelter facilities.

9. Drug/alcohol outpatient clinic services provided to patients receiving psychiatric partial hospitalization services under the Medical Assistance Program or drug/alcohol partial hospitalization services under the Department of Health.

10. Covered drug/alcohol outpatient clinic services, with the exception of family psychotherapy, provided to persons without a drug/alcohol abuse or dependence diagnosis who are family members, other relatives, friends, acquaintances or live-in companions of the eligible recipient with a drug/alcohol abuse or dependence problem solely because of a relationship to the recipient. Payment will be made only for covered services directly provided

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to eligible Medical Assistance recipients who have been diagnosed by a licensed physician as having a drug/alcohol abuse or dependence problem.

(11) Services delivered at locations other than approved drug/alcohol outpatient clinics with the exception of home visits under the conditions specified in § 1223.52(d) (relating to payment conditions for various services).

(12) Methadone maintenance clinic visits on days when the patient has take-home privileges, that is, self-administers methadone at home.

(13) Home visits not provided in accordance with the conditions specified in § 1223.52(d).

(14) Services provided before the date of the physician’s examination, diagnosis and treatment plan.
SCOPE OF BENEFITS

§ 1223.21. Scope of services for the categorically needy.

Categorically needy recipients are eligible for the full range of drug/alcohol outpatient clinic services in the Medical Assistance Program fee schedule.

§ 1223.22. Scope of services for the medically needy.

Medically needy recipients are eligible for the full range of drug/alcohol outpatient clinic service in the Medical Assistance Program fee schedule.

§ 1223.23. Scope of services for State Blind Pension recipients.

State Blind Pension recipients are eligible for the full range of drug/alcohol outpatient clinic services in the Medical Assistance Program fee schedule.


General Assistance recipients, age 21 to 65, whose Medical Assistance benefits are funded solely by State funds, are eligible for medically necessary basic health care benefits as defined in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).

PROVIDER PARTICIPATION

§ 1223.41. Participation requirements.

In addition to the participation requirements established in Chapter 1101 (relating to general provisions) drug/alcohol outpatient clinics shall meet the following participation requirements:

1. Must be fully or provisionally licensed/approved as an outpatient drug/alcohol facility by the Department of Health. To remain eligible for Medical Assistance reimbursement, a facility must be fully or provisionally licensed/approved at all times as an outpatient drug/alcohol clinic.

2. Have medical personnel currently licensed or registered in accordance with the laws of the Commonwealth.

3. Have a written patient referral plan that provides for inpatient hospital care and other follow-up treatment.

4. Post a current, written fee schedule for billing third party and private payors.

5. Appoint an administrator or director responsible for the internal operation of the clinic in accordance with established policies. Appoint a physician responsible for the supervision and direction of services rendered to eligible recipients.

6. Notify immediately the Department’s Office of Medical Assistance Programs, in writing, of any facility name, address and service changes prior to the effective date of change. Failure to do so may result in payment interruptions or termination of the provider agreement.

7. Enter into a written provider agreement with the Department.

8. Forward copies of items required by subparagraphs (i)—(v) to the Office of Medical Assistance Programs. It is the clinic director’s responsibility to notify the Office of Medical Assistance Programs, in writing, of changes in the clinic’s full compliance with licensure standards and changes in the following items required by subparagraphs (i)—(v) within 30 days following a change. If the clinic is relicensed by the Department of Health, the clinic

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director shall also forward a copy of the current license to the Office of Medical Assistance Programs within 30 days of relicensure:

(i) A current Department of Health license showing effective dates of licensure and activities licensed.

(ii) A written description of referral services utilized.

(iii) A written description of clinic services provided on the clinic premises.

(iv) The current fee schedule for billing third party and private payors.

(v) The names and business addresses of physicians providing treatment or supervision for Medical Assistance recipients on a full-time or part-time basis in the clinic.

(9) Have each branch location or satellite of an approved clinic also licensed by the Department of Health as an outpatient clinic and be approved by the Office of Medical Assistance Programs before reimbursement can be made for services rendered at the branch or satellite. Approval of the parent organization does not constitute approval for any branches or satellites of the same organization.

Rev * (10) Be approved by the Office of Medical Assistance Programs.

§ 1223.42. Ongoing responsibilities of providers.

(a) Ongoing responsibilities. Ongoing responsibilities of providers are established in Chapter 1101 (relating to general provisions).

(b) Record keeping requirements. In addition to the requirements listed in Chapter 1101, the following items shall be included in medical records of Medical Assistance patients receiving drug/alcohol outpatient clinic services:

(1) As part of the treatment plan, the treatment plan goals; services to be provided to the patient in the clinic or through referral; and persons to directly provide each service shall be included.

(2) As part of the progress notes, the frequency and duration of each service provided shall be included.

PAYMENT FOR OUTPATIENT DRUG/ALCOHOL CLINIC SERVICES

§ 1223.51. General payment policy.

Payment is made for medically necessary professional medical and psychiatric services provided by or under the supervision and direction of a licensed physician in participating outpatient drug/alcohol clinics, subject to the conditions and limitations established in this chapter and Chapters 1101 and 1150 (relating to general provisions; and Medical Assistance Program payment policies) and the Medical Assistance Program fee schedule. Payment will not be made for a compensable outpatient drug/alcohol clinic service if payment is available from another public agency or another insurance or health program.

§ 1223.52. Payment conditions for various services.

(a) Physician coverage. The following conditions apply to payment for physician services:

(1) Drug/alcohol clinic visits—methadone maintenance clinic visits, chemotherapy clinic visits and opiate detoxification clinic visits—shall be provided only by a licensed physician or
other drug/alcohol clinic medical personnel under the supervision of a physician. Drug-free clinic visits shall be provided by a licensed physician or by drug/alcohol clinic personnel under the supervision of a physician.

(2) A comprehensive medical examination shall be provided only by a licensed physician. Additional interviews with other staff may be included as part of the comprehensive medical examination, but shall be included in the comprehensive medical examination fee. Separate billings for these interviews are not compensable.

(3) A psychiatric evaluation shall be provided only by a licensed psychiatrist. Additional interviews with other staff may be included as part of the psychiatric evaluation, but shall be included in the psychiatric evaluation fee. Separate billings for these interviews are not compensable.

(4) Psychotherapy—individual, family or group—shall be provided only by licensed physicians or other drug/alcohol outpatient clinic psychotherapy personnel under the supervision of a physician.

(5) Diagnostic psychological services—the psychological and intellectual evaluations listed in the Medical Assistance Program Fee Schedule—shall be provided only by licensed psychologists under the supervision of a physician.

(6) Within 15 days following intake, prior to the provision of treatment or rehabilitation, the supervisory physician shall examine and evaluate a patient in the clinic; determine the patient’s diagnosis and an initial treatment plan; and date, document and sign the examination, diagnosis and treatment plan in the patient’s record. Sixty days following the date of the initial treatment plan, and at the end of every 60-day period during the duration of treatment, the supervisory physician shall reevaluate and update the patient’s treatment plan; and date, document and sign the reevaluation and update in the patient’s record. The treatment plan and updates shall be based upon the physician’s evaluation and diagnosis. Treatment shall be provided in accordance with the physician’s treatment plan and updates and under the supervision and direction of the physician. Reevaluations and updates shall be done in the clinic with the patient and appropriate drug/alcohol outpatient clinic medical and psychotherapy personnel.

(b) Methadone maintenance clinic visit, chemotherapy clinic visit, drug-free clinic visit and opiate detoxification clinic visit. Payment will only be made for drug/alcohol clinic visits provided to eligible drug/alcohol patients in approved drug/alcohol outpatient clinics under the following conditions:

(1) The visit shall be a minimum duration of 15 minutes.

(2) A drug or biological furnished to a clinic patient for therapeutic purposes during a clinic visit, diagnostic laboratory services used to detect the patient’s use of drugs, and supplies provided to the outpatient are included in the clinic visit fee. This paragraph does not apply to documented, medically necessary tests for pregnancy and medical conditions such as hepatitis, anemia and AIDS.

(3) The chemotherapy clinic visit is only for the purpose of administering medication, such as antabuse or tranquilizers, and for evaluating the physical and mental condition of the patient during the course of prescribed medication.

(4) The drug-free clinic visit is only for the purpose of evaluating a patient’s physical and mental condition during a course of treatment when prescribed medication such as antabuse, methadone or tranquilizers is not provided to assist in withdrawal or in maintenance.
(c) *Psychotherapy*. A patient receiving psychotherapy shall be diagnosed by a physician as having a drug/alcohol abuse or dependence problem, in accordance with the *International Classification of Diseases*, 9th Revision (ICD-9-CM). In the case of family psychotherapy, psychotherapy shall include at least one family member with a drug/alcohol abuse or dependence problem, that is, the clinic patient. Interviews or consultations with family members alone, without the presence of the family member with a drug/alcohol abuse or dependence problem, are considered to be part of the family psychotherapy fee. Separate billings for these interviews are not compensable.

(d) *Home visits*. The following conditions apply to payment for home visits:

1. Payment will be made for compensable drug/alcohol clinic services provided to eligible recipients only under the following conditions:
   
   i. The physician certifies in his handwriting on the invoice submitted for payment that the patient is severely physically disabled, the nature of the disability and the reason why the patient could not be transported to the clinic.
   
   ii. The home visit is made to the patient’s private residence, foster home or home of friend or relative wherein the patient resides. A home visit is not compensable when made to an inpatient nonhospital facility, hospital, shelter, partial hospitalization facility, correctional facility or other location not specifically allowed in this subsection.

2. Clinic services delivered in the home are subject to the conditions and limitations established in this chapter for clinic services delivered in the clinic facility.

3. Group psychotherapy is not covered.

§ 1223.53. Limitations on payment.

Payment is subject to the following service limitations:

1. One 15-minute clinic visit per day provided an eligible recipient. Payment will be made for only one of the following if more than one compensable service is provided in one 24-hour period: methadone maintenance clinic visit, chemotherapy clinic visit, drug-free clinic visit or opiate detoxification clinic visit. If psychotherapy is provided on the same day as a clinic visit, payment will be made only for the psychotherapy.

2. Seven methadone maintenance clinic visits per patient per week for as long as the patient requires methadone maintenance as determined by his physician and documented in the patient’s medical record.

3. Forty-two opiate detoxification clinic visits per patient per 365-day period for the purpose of outpatient, ambulatory opiate detoxification.

4. A total of three chemotherapy or drug-free clinic visits per patient in a 30-day period for patients not on methadone maintenance or receiving opiate detoxification.

5. Eight total hours of psychotherapy per patient per 30-day period. This total applies to all psychotherapy: individual, family and group.

6. One psychiatric evaluation or comprehensive medical evaluation per patient per 365-day period. Either the psychiatric evaluation or the comprehensive medical evaluation may be billed in a 365-day period; payment will only be made for one evaluation in one 365-day period.

7. One comprehensive diagnostic psychological evaluation or up to an $80 maximum worth of individual psychological or intellectual evaluations per patient per 365-day period.
§ 1223.54. Noncompensable services and items.

Payment will not be made for the following services and items:

(1) Noncovered services listed in § 1223.14 (relating to noncovered services).

(2) Items and services not listed as compensable in Chapter 1150 (relating to the Medical Assistance Program payment policies) and the Medical Assistance Program fee schedule.

UTILIZATION REVIEW

§ 1223.71. Scope of claims review procedures.

Claims submitted for payment under the Medical Assistance Program are subject to the utilization review procedures established in Chapter 1101 (relating to general provisions).

ADMINISTRATIVE SANCTIONS

§ 1223.81. Provider misutilization.

Providers determined to have billed for services inconsistent with Medical Assistance Program regulations, to have provided services outside the scope of customary standards of medical practice or to have otherwise violated the standards set forth in the provider agreement, are subject to the sanctions imposed in Chapter 1101 (relating to general provisions).

APPENDIX A

[Reserved]