MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

NUMBER: 28-04-01	**ISSUE DATE**: February 1, 2004	**EFFECTIVE DATE**: February 1, 2004

SUBJECT: Methadone Take-Home Services

BY:

David S. Feinberg
Deputy Secretary for Medical Assistance Programs

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin is to:

- Notify outpatient drug and alcohol clinic providers approved and licensed to provide methadone maintenance treatment services of the fee and procedures for payment for methadone take-home services, under Pennsylvania's MA Program.

IMPORTANT REMINDER: The Department of Public Welfare's new claims processing system, PROMISe™, is scheduled to be implemented on March 1, 2004. PROMISe™ will not accept claims that are not compliant with the Federal Health Insurance Portability and Accountability Act (HIPAA) requirements related to the submission of electronic claims in a standard format. Providers that have not become HIPAA certified by submitting a test file in the HIPAA format need to take steps to begin this process immediately. Information on the new formats is available at www.dpw.state.pa.us/omap/hipaa/omaphipaa.asp or by calling 1-800-248-2152.

SCOPE:

This bulletin applies to all qualified outpatient drug and alcohol clinic providers, enrolled in the MA Program to provide services in the fee-for-service or behavioral health managed care (BH-MC) delivery systems, approved and licensed to provide methadone maintenance treatment services.

BACKGROUND:

In its continuing review of outpatient drug and alcohol treatment services, the Department has become aware that requiring recipients to travel daily to an approved and licensed drug and alcohol clinic to receive methadone maintenance treatment services may create obstacles to employment. In addition, the requirement has resulted in inefficient use of the Department's MA Transportation Program, which provides transportation services to recipients who must travel daily to an approved and licensed methadone clinic to receive methadone.

DISCUSSION:

As a result, the Department is announcing the addition of the payment for methadone take-home services when provided by

methadone maintenance clinics. Methadone take-home services will be available for MA recipients who meet Federal and state criteria for obtaining such services (see 42 CFR § 8.12(i); 28 Pa.Code § 715.6). The services must be provided by a methadone maintenance clinic that complies with the requirements established in 55 Pa.Code Chapter 1223; is certified in accordance with 42 CFR Chapter 1, Part 8; and is licensed in accordance with 28 Pa.Code Chapters 701, 704, 705 and 715 and as applicable, 28 Pa. Code Chapter 709 or 711.

In order to qualify for payment for methadone take-home services, MA recipients must meet methadone take-home criteria as follows:

- Absence of recent abuse of drugs, including alcohol
- Regularity of clinic attendance
- Absence of serious behavioral problems at the clinic
- Absence of known recent criminal activity
- Stability of the patient's home environment and social relationships
- Allotted time frame for comprehensive methadone treatment
- Assurance that take-home medications can be safely stored within the patient's home
- Whether the rehabilitation benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.
- Satisfactory adherence to narcotic treatment program rules
- Responsibility in handling narcotic drugs
- Making rehabilitation progress

as set forth in:

- 42 CFR, Chapter 1; Part 8; and
- 28 Pa.Code, Chapter 715.

PROCEDURE:

Effective with dates of services on or after February 1, 2004, the following procedure code, modifier, unit of service and fee for methadone take-home services has been added to the MA Program Fee Schedule.

Procedure Code	Modifier	Procedure Description	Current Fee	Limit
H0020	* HG	Alcohol and/or Drug Services; Methadone Administration and/or Service (Take-home)	$ 7.50	One unit per day(whether single or split dose)

* **NOTE**: Do not use the modifier HG in submitting claims under MAMIS, since MAMIS is unable to accept the modifier and the claim will be rejected. The modifier is required and may be used only after PROMISe, the Department's new claims payment system, is implemented. Although providers have been and will continue to be notified of PROMISe implementation, the Department will issue

no additional notice to use the modifier after PROMISe is implemented.

The following conditions apply to use of the new procedure code:

- Methadone take-home services are compensable only on a one-unit per day basis.
- Methadone take-home services may not be billed on the same date of service as a methadone maintenance clinic visit.
- When billing for methadone take-home services, the date(s) following the recipient's attendance at the methadone maintenance clinic must be used for the date(s) of service that the recipient self-administers methadone at home.
- Methadone take-home services may be billed for days when the methadone maintenance clinic is closed, i.e., Sundays and Federal and State holidays, as specified in Federal regulations set forth in 42 CFR, Chapter 1, Part 8, Section 8.12 (i)(1) and State regulations set forth in 28 Pa.Code, Chapter 715, Section 715.1(b), or other closings as approved by the Pennsylvania Department of Health, Division of Drug and Alcohol Program Licensure.

NOTE: In accordance with MA Bulletin 28-00-03, "Clarification of Billing Instructions for Methadone Maintenance Services," issued and effective August 21, 2000, methadone clinic providers were to chose one of two billing options for compensable methadone services provided to recipients of Health Care Benefit Packages 3, 5, and 7 (state funded only MA recipients). Some providers elected Option 2, which requires that the provider assume any costs involved in assuring that the recipient has necessary transportation to and from the provider's place of service and includes all MA-compensable services rendered in a one week period (seven (7) calendar days). Methadone maintenance clinics that elect to provide methadone take-home services must change their billing option from Option 2 to Option 1. Please follow the instructions outlined in MA Bulletin 28-00-13 for the cancellation of Option 2 and the selection of an Option 1.

BILLING INSTRUCTIONS AND EXAMPLES:

1. The methadone clinic's physician determines during a methadone maintenance clinic visit that the recipient meets criteria for one-day methadone take-home services. The physician or qualified staff dispenses to the recipient one dose (whether single or split dose) of methadone to be self-administered at home. For example, the recipient attends a methadone maintenance clinic on February 2, 2004, and receives one dose of methadone to be self administered at home on February 3, 2004. Complete the CMS 1500 as follows:

    - Enter the date of the methadone maintenance clinic visit in Block 24 A "From", on line 1; and
    - Enter the date on which the recipient self-administers methadone at home in Block 24 A, "From", on line 2.

	24 A.						B	C	D		E	F	G
	From			To			POS	TOS	Procedures, Services, Supplies		Diagnosis Code	Charge	Days or Units
	MM	DD	YY	MM	DD	YY			CPT/ HCPCS	Modifier			
1	02	02	2004				09	AG	W0856		1 or 2 or 3 or 4	7.50	1
2	02	03	2004				09	AG	H0020	*HG	1 or 2 or 3 or 4	7.50	1
3													
4													

5													
6													

2. The methadone clinic's physician determines during a methadone maintenance clinic visit that the recipient meets criteria for three (3) consecutive days of methadone take-home services. The physician or qualified staff dispenses to the recipient the doses of methadone to be self-administered at home. For example, the recipient attends a methadone maintenance clinic on February 2, 2004, and receives three (3) doses (whether single or split dose) of methadone to be self administered at home on February 3, 2004, February 4, 2004 and February 5, 2004. Complete the CMS 1500 as follows:

   - Enter the date of the methadone maintenance clinic visit in Block 24 A "From", on line 1; and

   - Enter the start and end dates for the three (3) consecutive days of methadone take-home services that the recipient self administers at home in Block 24 A, "From" and "To" on line 2.

	24 A.						**B**	**C**	**D**		**E**	**F**	**G**
	From			**To**			**POS**	**TOS**	**Procedures, Services, Supplies**		**Diagnosis Code**	**Charge**	**Days or Units**
	MM	**DD**	**YY**	**MM**	**DD**	**YY**			**CPT/ HCPCS**	**Modifier**			
1	02	02	2004				09	AG	W0856		1 or 2 or 3 or 4	7.50	1
2	02	03	2004	02	05	2004	09	AG	H0020	*HG	1 or 2 or 3 or 4	22.50	1
3													
4													
5													
6													

3. The recipient attends a methadone maintenance clinic and receives a dose of methadone for self-administration at home on Sunday or a holiday when the methadone maintenance clinic is closed. For example, the recipient attends a methadone maintenance clinic on February 7, 2004 and receives one (1) dose (whether single or split dose) of methadone to be self-administered at home when the methadone maintenance clinic is closed on Sunday, February 8, 2004. Complete CMS 1500 as follows:

   - Enter the date of the methadone maintenance clinic visit in Block 24 A "From", on line 1; and

   - Enter the date on which the recipient self-administers methadone at home in Block 24 A, "From", on line 2.

	24 A.						B	C	D		E	F	G
	From			To			POS	TOS	Procedures, Services, Supplies		Diagnosis Code	Charge	Days or Units
	MM	DD	YY	MM	DD	YY			CPT/ HCPCS	Modifier			
1	02	07	2004				09	AG	W0856		1 or 2 or 3 or 4	7.50	1
2	02	08	2004				09	AG	H0020	*HG	1 or 2 or 3 or 4	7.50	1
3													
4													
5													
6													

For additional instructions on completing the CMS 1500 Form, refer to MA Bulletin 99-94-15, “Revised Billing Instructions for the HCFA 1500”, issued and effective November 4, 1994. For electronic billing, the provider should utilize software provided by the Department or Department-approved HIPAA Certified software vendors.

Providers in the BH-MC delivery system must follow the billing and other operational procedures established by the specific BH-MC organization.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free telephone number for your provider type.

Visit the Office of Medical Assistance Programs website at **www.dpw.state.pa.us/omap**.