

## Updated Only for Logo and Branding

### Provider Notice

**To:** Methadone Maintenance Providers  
**From:** Don Stiffler, Provider Relations Manager  
**Date:** November 14, 2009  
**Subject:** SA 09 100 Methadone Billing for Take Home Services

#### **IMPORTANT INFORMATION ABOUT BILLING CHANGES EFFECTIVE JANUARY 1, 2010**

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PerformCare is adjusting billing procedures to comply with Medical Assistance Bulletin 28-04-01 regarding Methadone Take Home Services.

For services delivered on or after January 1, 2010, Providers may no longer use procedure code T1015HG, Methadone Maintenance Comprehensive Services – Weekly for any Member eligible for and receiving take home doses of Methadone.

Per the MA Bulletin, the use of procedure code T1015HG requires providers to “assume any costs involved in assuring that the recipient has necessary transportation to and from the Providers place of service.” The intent of this code is interpreted to mean that the provider is assuring “necessary transportation” by directly or indirectly providing transportation as part of their rate. Based on review of service delivery, we have not found providers to be providing transportation to the service site. Thus, we believe it is more appropriate to discontinue use of the comprehensive code.

Providers are advised to use the following codes:

- H0020 for days the Member attends clinic and use procedure code
- H0020 HG for any date where a Take Home dose was used (including days the clinic is closed).

The below scenarios should provide guidance in determining the appropriate code for use:

Scenario 1 – Member attends the Methadone Clinic each day of the week to receive doses. In this instance, the Provider will bill H0020 for each day the service was performed. Each date of service must be billed as one line on the CMS 1500 claim form. If grouping services, the place of service, procedure code, charges and individual provider for each line must be identical for that service line. Grouping is allowed only for services on consecutive days. The number of days must correspond to the number of units in box 24G.

Scenario 2 – Member begins or ends services mid-week and will not be eligible to receive take home doses

Use the code H0020 for each day attended when submitting your claim for service provided for the first or last partial week. Again, bill each day as one line on the CMS 1500 claim form.

Scenario 3 – Member is eligible for Take Home Doses

If the Member is eligible for any take home doses, you will bill the code H0020 for each day the Member physically attends the clinic and H0020 HG for any days where a dose was self-administered as a take home dose.

The payment rate for a clinic visit (H0020) or take home (H0020 HG) will be 1/7<sup>th</sup> of payment for the comprehensive rate for the fee schedule related to the Members County of residence, thus payment does not change.

There is not a change to the authorization process except that Members will also receive authorization for take home doses. Providers will assess appropriateness of take home doses against Department of Health Chapter 715 Standards for Approval of Narcotic Treatment Program as well as criteria outlined in MA Bulletin Number 28-04-01 “Methadone Take Home Services.”

The change in billing codes does not change the expectations of Methadone Providers to provide services, including psychotherapy and drug testing, in accordance with Department of Health Chapter 715 Standards for Approval of Narcotic Treatment Program. The Provider or any subcontractor (such as a lab) will not bill services required in Chapter 715 to PerformCare separately.