



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

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Office of Health Services  
Medical Care Programs

January 13, 2016

TO: Methadone Maintenance Providers and Stakeholders

FROM: Susan J. Tucker, Executive Director  
*Susan J. Tucker*  
Office of Health Services

RE: Points of Clarification to Draft Proposal for Re-bundling Reimbursement for  
Community-Based Methadone Maintenance

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The Department continues to receive and review questions and comments from the public regarding the recently released re-bundling proposal. As part of the review process we have developed some clarification points that address the most common concerns and misconceptions about this proposal.

#### Proposal Process

- 1) This is an initial draft proposal and is not in any regulatory process. Nothing presented in the original proposal or in this clarification of the proposal is final. The Department invites comments from the public
- 2) The Department will continue to review comments as they are submitted to [dhmh.medicaid@maryland.gov](mailto:dhmh.medicaid@maryland.gov) through the end of the initial comment period of 1/29/2016.
- 3) After the conclusion of the initial comment period, the Department will respond to all inquiries in a single spreadsheet format which will be posted on our website: <http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx>
- 4) After the close of the current comment period on 1/29/2016 and reviewing all initial comments, the Department will recirculate a revised proposal allowing 21 days of additional comments. These steps all pre-date the submission of a state plan amendment to the Centers for Medicare and Medicaid Services.

5) The Department will then submit proposed regulations to Administrative, Legislative, Executive Review (AELR) Committee of the General Assembly, where they will again be open for public review and comment through the AELR process.

### Current Methadone Reimbursement Structure

The current bundled rate of \$80.00 per week per patient (H0020) reimburses OTPs for the cost of methadone itself as well as associated medical and administrative work and clinically appropriate counseling. In accordance with federal and state regulation, OTPs are required to provide counseling as clinically indicated to their patients<sup>1</sup>. Clinically appropriate counseling is currently an expected part of the bundle for methadone maintenance. Additionally, this weekly bundled rate can only be billed by OTPs when a patient is seen in the clinic at least once that week.

### Proposed Methadone Maintenance Structure

One of the primary goals of this proposal is to align Medicaid's payment structure with medication assisted treatment and clinical services. The Department is proposing that OTP providers, in addition to being able to bill for Methadone Maintenance (H0020), will also be able to bill separately for Individual Outpatient Therapy (H0004) and Group Outpatient Therapy (H0005).

OTPs would be responsible for the methadone maintenance and the level 1 counseling their patients require. If there is clinical necessity for a higher level of treatment, OTPs would refer their patient to a Certified Addictions Program (PT 50) for intensive outpatient (IOP) or partial hospitalization (PHP) treatment. In this case, the OTP would continue to receive the weekly H0020 reimbursement AND the PT 50 would also receive reimbursement for the IOP or PHP level of care.

Opioid Treatment Programs that would like to provide intensive outpatient services may become a PT 50 Certified Addictions Program. In this case the OTP would be able to provide methadone maintenance through their OTP (PT 32) and IOP through their PT 50. This would allow reimbursement for both services for the same patient. Under the current reimbursement structure, methadone maintenance and IOP treatment may not be reimbursed at the same time for the same patient.

In this proposal, there are no changes to billing of lab codes from the current methadone maintenance bundle. Urinalysis (random drug testing) is included in the proposed bundled rate for methadone maintenance. The proposed rate includes G0477 (before 1/1/2016 this was G0434) drug tests which may be billed by appropriately licensed providers. All other lab testing must be sent to labs.

| Key |   |
|-----|---|
| OTP | Opioid treatment program                                      |
| IOP | Intensive outpatient program                                  |
| PT  | Medicaid reference for how providers are enrolled in Medicaid |

<sup>1</sup> CFR 42 §8.12; COMAR 10.09.80.05



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Office of Health Services  
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TO: Methadone Maintenance Providers and Stakeholders

FROM: Susan J. Tucker, Executive Director  
*Susan J. Tucker*  
Office of Health Services

RE: Example Scenarios to Clarify the Draft Proposal for Re-bundling Reimbursement for Community-Based Methadone Maintenance

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The Department is providing the scenarios below to help clarify and detail the billing and reimbursement structure under the methadone re-bundling proposal:

**Scenario 1, Week 1:**

A patient comes into an OTP for their first week of treatment. During this first week, the patient requires a comprehensive substance use disorder assessment, the development of a treatment plan, and titration of methadone for optimal symptom reduction. The patient also participates in a visit with the clinician individually and joins two group therapy sessions for support.

**Current reimbursement structure:** The OTP bills H0001 for the substance use disorder assessment (\$142.00 per assessment) and H0020 for methadone maintenance (\$80.00 per week) which includes the medication, dosing services, administrative services, the individual counseling, and the group counseling. This is a total of \$222.00 for this first week of treatment.

**Proposed reimbursement structure:** The OTP bills H0001 for the substance use disorder assessment (\$142.00 per assessment); H0020 for methadone maintenance (\$42.00 per week) which includes the medication, dosing services, and administrative services; H0004 for the individual counseling session (\$20.00 per 15 minute session); and H0005 twice for the two group counseling sessions (\$39.00 per 60-90 minute session). This is a total of \$282.00 for this first week of treatment.

### Scenario 2, Stable Treatment:

A patient has been in treatment for a couple months and is considered stable. They continue to receive their methadone in person at the OTP and attend a 60 minute group therapy session once a week.

**Current reimbursement structure:** The OTP bills H0020 for methadone maintenance (\$80.00 per week) which includes medication services, administrative services, and the group therapy session. This is a total of \$80.00 for a typical week.

**Proposed reimbursement structure:** The OTP bills H0020 for methadone maintenance (\$42.00 per week) which includes medication services and administrative services and H0005 for Group Outpatient Therapy (\$39.00 per 60-90 minute session). This is a total of \$81.00 for a typical week.

### Scenario 3, A Crisis Event:

A patient has been with the same OTP for some time and is stable. However, an event happens causing a crisis which requires the patient to receive a higher level of counseling than level I group or individual outpatient therapy. The OTP refers their patient to a certified addictions program (PT 50) for Intensive Outpatient (IOP) level treatment. The patient ends up receiving three days of IOP treatment in the same week during which the patient also continues to receive methadone maintenance treatment.

#### **Current reimbursement structure:**

- A. The OTP bills H0020 for weekly methadone maintenance (\$80.00 per week). The PT 50 is not able to bill for the IOP treatment they provided. This is a total of \$80.00 for the OTP and \$0.00 for the PT 50.
- B. The PT 50 bills H0015 for IOP treatment (\$125.00 per diem). The OTP is not able to bill for the methadone maintenance treatment they provided. This is a total of \$375.00 for the PT 50 and \$0.00 for the OTP.

#### **Proposed reimbursement structure:**

The OTP bills H0020 for weekly methadone maintenance (\$42.00) and the PT 50 bills H0015 for IOP (\$125.00 per diem). Both providers are fully reimbursed separately. This is a total of \$42.00 for the OTP and \$375.00 for the PT 50.

### Scenario 4, Long Term Maintenance with Take-Homes:

A patient is in the long term maintenance phase of treatment and the patient receives their medication in a take home form. The patient only comes in once a month to receive their doses and does not require counseling.

**Current reimbursement structure:** The OTP is only reimbursed if the patient comes into the OTP at least once a week. This is a total of \$0.00 for each week the patient does not come in.

**Proposed reimbursement structure:** The OTP continues to bill H0020 for weekly methadone maintenance (\$42.00) regardless of whether the patient comes in weekly, as long as the patient is seen in person by the OTP program official such as a nurse or counselor, at least once a month and receives the needed take-homes. This is a total of \$42.00 per week.

**Scenario 5, Guest Dosing:**

A methadone maintenance patient at OTP A has a death in the family and must travel across Maryland for the funeral. They will be away from their home OTP for 4 days. They receive their methadone from OTP B for those 4 days.

**Current reimbursement structure:** The Home OTP (OTP A) bills H0020 for methadone maintenance (\$80.00). The guest dosing provider (OTP B) is not able to bill. OTP A receives a total of \$80.00 for the week. OTP B receives a total of \$0.00 for the week.

**Proposed reimbursement structure:** The home provider (OTP A) bills H0020 for methadone maintenance, and is reimbursed on a weekly basis (\$42.00). The guest provider (OTP B) receives reimbursement on a per diem basis for a finite number of days (4 days at \$3.00 dollars per diem). The guest provider (OTP B) and home provider (OTP A) are expected to coordinate care across locations. The guest provider is to follow the home provider's existing plan of care. This is a total of \$42.00 for OTP A and a total of \$12.00 for OTP B.

The Department has received comments from stakeholders about the guest dosing reimbursement rate. This rate remains to be under review by the Department. However, the above scenario demonstrates that the Department is interested in creating a payment structure that will reimburse the home OTP as well as the OTP doing the guest dosing.

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