# BHA/MA/Beacon Health Options, Inc.
# Provider Quality Committee Agenda

**Beacon Health Options**
**1099 Winterson Road, Suite 200**
**Linthicum, MD 21090**
**Friday, May 12, 2017**
**10:00 am to 11:30 am**

**In attendance:**

**Telephonically:**

## Topics & Discussion

**Minutes**

**BHA Update**

**Medicaid Update**

**Beacon Health Options Update**

## Provider Questions

1. **Residential Fee for Service:** When do we get authorization for treatment at assessment or at admission? If we get authorization at assessment how long from the completion of the assessment to admission do we have to get them in treatment? Can we assess, get auth and admit on the same day? How will the care coordinators know when a client from their jurisdiction is admitted to a residential program? What is the role of care coordination in the process? What is the role of the LAA in the process?

2. **Residential Fee for Service:** Some providers are assuming a 28-day program can be billed under PT 50 or 32 is this correct, please advise.

3. **Re-bundling Payment Methodology for OTPs:** Please clarify if a provider will be reimbursed when a patient requires detox from a substance other than opioids when they are receiving treatment from an OTP and then seek withdrawal from a different substance such as Benzos or Alcohol from a different provider. For example, if the individual is attending PHP coupled with Ambulatory Detoxification – the alert states that the H0014 code cannot be billed with H0020 (methadone maintenance), H0047 (ongoing bupe monitoring), or MAT ongoing medication management. Does this combination only apply to the OTP, or does it also apply to the receiving providers who offer inpatient/ambulatory detoxification services?

***Example #1*** Patient referred to PT 50, PHP with Ambulatory detoxification for alcohol detoxification. Will Ambulatory Detox be reimbursed?

***Example #2*** Patient referred to Adult Residential SUD (PT 54), level 3.7WM for alcohol and benzo detoxification. When these inpatient/residential levels are reimbursable for the adult population on July 1st, will they be authorized for patients in ongoing MAT?

4. **Re-bundling: Billing codes:** Effective 5/15/17, PT 32 and 50 providers will be able to bill for E&M codes for medication management visits in conjunction with medication assisted treatment. For these E&M codes, we must include an HG modifier.

- However, on the Re-bundling Initiative it notes these codes can only be billed 5 visits per year.
- Our Type 50 facility also bills for services rendered by a provider Type 20, for medication management services. Under the new changes, we can bill as a Type 50, but it seems that the rules for the Type 20 allow for 12 visits per year but the Type 50 only allows for 5.
- To understand this correctly, allowing provider to bill using E&M codes under PT 50 or 32 is not a replacement for our annual visits/once per month Medication Assistance Program; am I correct?