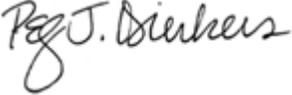


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Clarification of Billing Instructions for Methadone Maintenance Services	BY  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs
NUMBER:	28-00-03	
ISSUE DATE:	August 21, 2000	
EFFECTIVE DATE:	August 21, 2000	

PURPOSE:

The purpose of this bulletin is to reinforce the billing instructions for methadone maintenance services, to issue a revised Medical Assistance (MA) procedure code for the methadone maintenance comprehensive services and obtain information to update the provider files regarding the option chosen to bill for these services for MA recipients whose benefits are solely state funded.

SCOPE:

This bulletin is applicable to all outpatient drug and alcohol clinics who are enrolled in the MA Program and provide methadone maintenance services in the Fee-for-Service delivery system.

BACKGROUND:

In January 1986, the Department issued a detailed letter to drug and alcohol clinics who provide methadone maintenance services to state funded only MA recipients. Clinics were required to choose between two billing options for billing methadone maintenance services for state funded only MA recipients.

One option was a comprehensive fee which covered all compensable services rendered in a one-week period and included transportation for recipients. The other option was a one visit per day fee, which did not include transportation.

The recipients affected were outlined in MA Bulletin 28-86-02 dated March 11, 1986.

DISCUSSION:

The method of identifying state funded only MA recipients and the procedure codes for these services has changed since the issuance of Bulletin 28-86-02. The changes are outlined in this bulletin.

A new procedure code was created to replace procedure code W1855 for Methadone Maintenance Comprehensive Service. The new procedure code/type service is W7029/AG. This is effective September 1, 2000.

Providers must choose one of two options to bill for methadone maintenance services for state funded only MA recipients. **THIS AFFECTS ONLY RECIPIENTS IN HEALTH CARE BENEFIT PACKAGES 3, 5, OR 7.**

Option 1- W0856/AG - Methadone Maintenance Clinic Visit for Administration and Evaluation of Methadone. Under this option, the provider would bill for methadone administered at the clinic on a daily per visit basis and is not responsible to provide transportation. Reimbursement is \$7.50 per visit.

Option 2- W7029/AG - Methadone Maintenance Comprehensive Service including transportation once per week. Under this option the fee includes all MA compensable services (including psychotherapy evaluations, etc.) provided to a methadone maintenance recipient in a one-week period, and includes necessary transportation to and from the clinic. Reimbursement is \$57.00 per week.

Please note that whatever method of billing is chosen, clinics may not collect routine specimens and send specimens to

laboratories to detect the use of opiates, methadone, amphetamines, cocaine, and barbituates and have the laboratory bill MA. These services are included in the MA payment to the clinic. However, this policy does not apply to medically necessary laboratory referrals for purposes other than detecting the use of these drugs.

PROCEDURE:

Please complete the attachment included with this bulletin in order to choose or renew a billing option for state funded only MA recipients and return to the address below within 30 days of the issue date of this bulletin. **Providers who do not respond will automatically be assigned option 1 on our provider files and must use this option when billing MA.**

Department of Public Welfare
Provider Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045

PLEASE NOTE:

THIS BILLING CHOICE ONLY APPLIES FOR RECIPIENTS IN HEALTH CARE BENEFIT PACKAGES 3, 5 AND 7. METHADONE MAINTENANCE SERVICES FOR ALL OTHER RECIPIENTS MUST BE BILLED USING THE METHADONE MAINTENANCE CLINIC VISIT PROCEDURE CODE W0856.

Providers who choose option 2 will be required to bill that option for all state funded only MA recipients in Health Care Benefit Packages 3, 5 or 7 for whom they provide methadone maintenance service.

When billing the comprehensive fee for procedure code W7029 for methadone maintenance services the following procedures must be used:

1. Bill for only one week's services on one claim line. Do not combine multiple weeks on one claim line.
2. The week's services to be billed must start on Sunday and end on Saturday.
3. A week's services must include at least 4 days of MA compensable services. This also applies to recipients who are admitted and discharged during the week for which services are billed.
4. Complete only the "End Date of Service" for the week you are billing on the claim line. The invoice should contain Saturday's date only. Do not enter any other day of the week in this item.
5. Do not enter anything in "Begin Date of Service." This item must be blank, in order to avoid claim rejection.
6. Enter a "1" in "Units of Service" on the invoice.

Attachment

- Methadone Maintenance Billing Options Attachment

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Provider Inquiry toll free number is 1-800-537-8861 or 1-800-932-0938

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