

# Special Bulletin



An Independent Licensee of the Blue Cross and Blue Shield Association.

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BS 2002-13

To: Methadone Treatment Providers  
Subject: Local Code Deletion

To comply with Health Insurance Portability and Accountability Act (HIPAA) legislation, Blue Cross and Blue Shield of Alabama will no longer assign or accept local codes and local modifiers, including Healthcare Common Procedure Coding System (HCPCS) Level III codes. This will be effective for all dates of service on or after October 1, 2002.

Currently there are two locally assigned procedure codes that apply to methadone treatment. **These two codes will be deleted effective October 1, 2002, and will no longer be considered valid codes for claims processing and payment:**

**S9967** Monthly management for the **initial year** of methadone treatment for drug addiction, including physician services, counseling/therapy and methadone

**S9968** Monthly management **after first year** of methadone treatment for drug addiction, including physician services, counseling/therapy and methadone

**The procedure code and modifier listed below should be used effective October 1, 2002:**

**H0020-22** Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program). Modifier 22 is critical to correct billing and payment. Modifier 22 states "unusual procedural services." It should be used to identify the initial 12 months of methadone treatment.

**H0020** Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program). This code should be billed for the subsequent months of methadone treatment. No modifier is necessary.

**As a reminder**, we are enclosing the guidelines for methadone treatment. Physicians responsible for patients' methadone treatment should be familiar with the guidelines. The physician under whose provider number the treatment is billed is responsible for ensuring compliance with the guidelines. Methadone treatment will be subject to unannounced audits by Blue Cross and Blue Shield of Alabama to ensure compliance with treatment guidelines.

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## **Guidelines for Methadone Treatment**

Benefits and limitations vary by employer groups. Call **205 733-7016** for coverage information.

Urine, laboratory tests and the initial physician assessment [Evaluation and Management (E&M) code] may be reported separately.

The following must be met for benefits to be reimbursed for methadone maintenance treatment:

1. The member is eligible for coverage for methadone maintenance under terms of the health benefit plan for mental/nervous and/or substance dependence, and other limitations as defined by the member's plan.
2. The clinic administering the maintenance program meets the guidelines adopted by the State Department of Mental Health for methadone clinics, and meets any federal mandates [e.g., Food and Drug Administration (FDA) requirements]. All practice patterns must meet standards of the State Department of Mental Health.
3. It is determined that it is medically necessary that the member be enrolled in a methadone maintenance program for treatment of narcotic dependence. This provision excludes terminal patients receiving pain control treatments. A global fee for monthly services will be provided. If a patient requires inpatient care or terminates care during a monthly billing, the billing should be prorated based on the number of days of care rendered, according to the terms of the benefit plan. The following services are required and are included in this global rate (fee):

- Distribution and cost of methadone medication.
- The client is seen by a nurse (RN or LPN, who is qualified to make an assessment of clinical status), counselor, or MD on each visit. Brief documentation regarding the client's clinical status is required.
- The physician must assess the client any time that his/her clinical condition has deteriorated, or as warranted.
- Counseling and/or therapy must be provided to a client on a one on one basis or group therapy setting, at a minimum of every two weeks. This should continue until the client is stable, and clinical issues are sufficiently resolved to allow for compliance with treatment goals. All therapy provided during the methadone treatment will be bundled into the global fee. If psychiatric treatment is necessary for a completely unrelated condition (e.g., schizophrenia), coverage for that treatment can be considered for exception with appropriate documentation submitted.
- Educational services regarding methadone maintenance, and other health related issues, (chemical dependency, AIDS, Hepatitis, etc.) are provided.
- Yearly assessments by the physician are required. This will not include the initial assessment, which can be billed separately under the appropriate E&M code.
- Physician or nursing assessments/counseling and/or therapies (outlined in c, d, e and f), must take place person to person (i.e., not via telephone, etc., except in emergencies).
- Counselors and therapists must hold a CAC, MSW, LPC, RN, PhD, PsyD, or MD licensure. Registered nurses providing counseling services should have extensive experience in chemical dependency or psychiatry.

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