



**Coding/Procedure Options for Opioid
Detoxification with Suboxone
July 6, 2011**

Dear Molina Healthcare Practitioner/Provider:

You have been identified as a contracted provider with Molina Healthcare of New Mexico, Inc. (Molina Healthcare) that is a certified provider for these services.

We recently received the Coding/Procedure Options for Opioid Detoxification with Suboxone Letter of Direction (LOD) from the New Mexico Human Services Department (HSD). This letter is to inform you that Molina Healthcare is implementing these coding procedures, and to provide you with Molina Healthcare contact information for these processes and/or questions. We are also providing you a copy of the LOD (attached).

Assessment Phase:

During the Assessment phase, Molina Healthcare requires that appropriate Evaluation and Management (E & M) codes are used, and that medical records reflect documentation of time and activity.

To notify us, please complete the enclosed Molina Healthcare Request form, and fax toll free (888) 802-5711, to our Healthcare Services Department. You do not need to submit clinical notes with this notification. Claims for this service will not be reimbursed without this notification.

Note: Lab tests would be billed in addition to the codes.

Typical Diagnoses (ICD-9-CM):

304.0 Opioid type dependence; and
305.7 Combination of opioid abuse with other.

Induction Phase:

HCPCS code H0033 is to be used for the induction and reimbursed at \$300.00 per the Medicaid Fee Schedule. This code will go into effect on July 1, 2011 and will not be retroactively paid. This code will not be reimbursed for other diagnoses or treatment.

Follow-Up/Maintenance Phase:

Each additional visit would be billed using an E&M code appropriate to the level of service and time spent. Documentation must include the start/end time and subject of the counseling if the counseling time is more than fifty percent (50%) of the total visit length. There will be no limit on the number of additional visits that may be billed.

Provider Education:

Molina Healthcare's Provider Service Representatives are available to assist you and/or your staff with any questions you may have regarding this process, toll free (800) 377-9594.

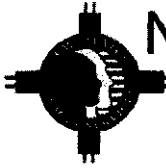
Appeals:

If you have received any denials for these services from July 1, 2010 to June 30, 2011, please contact Provider Services within thirty (30) days of this letter. The filing limit for submission of appeals for this service will be waived if the denials are received within this thirty (30) day time frame.

Thank you for partnering with us to improve the health of individuals, families and communities.

Sincerely,

Molina Healthcare of New Mexico, Inc.



New Mexico Human Services Department

Medical Assistance Division

PO Box 2348

Santa Fe, NM 87504-2348

Phone: (505) 827-3103; Fax: (505) 827-3185

Susana Martinez, Governor
Sidonie Squier, Secretary

Date: June 30, 2011

To: Salud!/SCI Managed Care Contractors

From: Cathy Rocke, Bureau Chief, CAB *CR*
Nancy Smith-Leslie, Bureau Chief, INM! *HL*

RE: Letter of Direction # 40
Coding/Procedure Options for Opioid Addiction Treatment with Suboxone

In order to standardize the billing process for Salud! physical health providers and for SCI physical and behavioral health providers, this Letter of Direction serves to clarify the coding and procedures to be followed during the assessment, induction and follow-up/maintenance phases provided for the treatment of opioid addiction using Suboxone. The Salud!/SCI contractors are encouraged to use best efforts to contract with all certified providers and to encourage other providers in their network to obtain DATA 2000 waiver certification.

Assessment Phase:

During the Assessment phase, providers are encouraged to use appropriate Evaluation and Management (E & M) codes. Providers must document their time and activity in the member's chart. All E&M codes will be paid at the Medicaid Fee Schedule rate. If the certified provider accepts the member for opioid addiction treatment using Suboxone, the provider must send notification via facsimile or secure e-mail to the Salud!/SCI contractors' utilization management departments prior to the induction phase. Claims will not be paid for inductions performed without prior notification.

Note: Lab tests would be billed in addition to the codes.

Typical Diagnoses (ICD-9-CM):

304.0 Opioid type dependence

305.7 Combination of opioid abuse with other

Induction Phase:

IICPCS code II0033 is to be used for the Induction and reimbursed at \$300.00 per the Medicaid Fee Schedule. This code will go into effect for dates of service on or after July 1, 2011 and will not be retroactively paid. This code will not be reimbursed for other diagnoses or treatment.

Follow-Up/Maintenance Phase:

Each additional visit would be billed using an E&M code appropriate to the level of service and time spent. Documentation must include the start/end time and subject of the counseling if the counseling time is more than 50% of the total visit length. There will be no limit on the number of additional visits that may be billed. The E&M codes shall be paid at the Medicaid Fee Schedule rate.

Provider Education:

The Salud!/SCI contractors shall provide a copy of this Letter of Direction to all contracted, certified providers. The Provider Services representatives will be available for clarification of this process. As new Suboxone certified providers enter the contractors' networks, they will be provided this Letter of Direction by the contractors.

Waiving Timely Filing for Appeals:

The Salud!/SCI contractors shall notify all contracted, certified providers who have received denials for providing opioid addiction treatment with Suboxone to members with confirmed enrollment in the Salud! or SCI programs within the State Fiscal Year 2011, that they may appeal the denials.



Customer Service
(800) 377-9594 Toll Free
(505) 341-7493 In Albuquerque

PRIOR AUTHORIZATION REQUEST

Routine Requests (MUST be faxed)
 Fax Number: (888) 802-5711 Toll Free

Urgent Requests
 Telephone Numbers:
 (877) 262-0187 Toll Free
 (505) 798-7371 In Albuquerque

Member Name _____ DOB _____ ID# _____
 Ordering Physician _____ Phone# _____ Fax # _____
 Office Contact _____ Telephone# _____ Dt of Request _____

SERVICE REQUEST

Provider/Facility _____ Phone # _____ Fax _____

Clinical Indications (including prior test and treatment; attach notes if applicable) _____

Diagnosis _____ ICD-9 Code(s) _____

Procedure _____ CPT Code(s) _____

- Consult/Evaluation
- PTo OTo STo (Copy of Dr order MUST be sent to HP)
- Procedure/Surgery DOS Planned _____
 - Inpatient Outpatient
- Prenatal Care
 - EDD _____
- Personal Care Services

Beginning Service Date _____ End Service Date _____ # of Visits Requested _____

Utilization Management Department Use

- Fax Number Checked _____
- Approved Authorization # _____ Eligible Dates of Auth _____
- If applicable Initial # of visits _____ + Addl visits _____ =Total # of Approved visits _____

In Patient Procedure Approval is for procedure only-InPt days are subject to concurrent or retrospective review for approval.

Prior Authorization numbers do not guarantee payment. Payment is subject to benefit coverage and eligibility at the time the service is rendered.
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