

DBHR Guidance Document #18-07

BHOs Reporting Opiate Treatment Program (OTP) Encounters to DBHR and the OTP Documentation Standard

***Please note- this Guidance Document replaces 18-01 Opiate Treatment Program Documentation Standard**

The HCPC Code H0020 does not allow reporting dosing encounters as “episodes” any longer. Because HCPC Code H0020 requires minutes for encounters, it is important that minutes reported for this type of encounter be as accurate as possible.

Typical dosing encounter for opiate treatment program (OTP) would generally be accurate as:

- H0020 for 3 minutes with Provider Type '01'

Take-home doses should **not be encountered by the BHOs to the state** as separate encounters.

H0020 should only be used for dosing. All other services (individual treatment, group treatment, assessment, etc.) should be coded as such.

OTP dosing records are part of an individual’s electronic clinical record and include the following data elements:

- Patient ID/name/DOB/age/Medicaid #/ID#/intake date/address/alerts or restrictions
- Medication
- Dose date/Pour date/Hand out date
- Date and time administered
- Dose type and amount
- Staff member name and credentials

In addition to the Washington State Board of Pharmacy, federal Drug Enforcement Administration, and DBHR, federal accreditation bodies also may conduct on-site surveys of all OTP programs to ensure dosing records accurately reflect this type of clinical intervention. We expect to update the SERI to reflect these expectations.

OTP clinicians will document additional clinical services, such as individual and group treatment, in accordance with the Medicaid and SERI documentation standards. All services must be included in the individual service plan which shall be reviewed and updated in accordance with WAC 388-877B-0420.

BHOs are allowed flexibility when it comes to the reporting of dosing encounters for courtesy dosing, based on the contractual arrangements they have with clinics outside of their region and agreement with that region’s BHO. With out-of-BHO courtesy dosing, the home BHO is responsible for submitting the native transaction, however it is allowable (but not required) for the regional BHO to submit the dosing encounter.

WAC 388-877-1015

Opioid treatment programs (OTP)—Clinical record content and documentation requirements.

In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing substance use disorder opioid treatment program services must maintain an individual's clinical record. The clinical record must contain:

- (1) Documentation that the agency made a good faith effort to review if the individual is enrolled in any other opioid treatment program and take appropriate action;
- (2) Documentation that the individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanction;
- (3) Documentation that the individual service plan was reviewed quarterly and semi-annually after two years of continuous treatment;
- (4) Documentation when an individual refuses to provide a drug testing specimen sample. The refusal is considered a positive drug screen specimen;
- (5) Documentation of the results and the discussion held with the individual regarding any positive drug screen specimens in the counseling session immediately following the notification of positive results; and
- (6) Documentation of all medical services (see WAC 388-877-1020 and 388-877-1025 regarding program physician responsibility and medication management).