

DBHR Guidance Document **Opiate Substitution Service Encounter Reporting Instructions (SERI)**

The HCPC Code H0020 will be used in SERI for reporting services delivered for opiate substitution treatment programs.

This code, as defined in Federal guidelines (AMA HCPCS Manual), does not allow for the encounter to be reported as an “episode” it is therefore required that minutes be reported. It is not within the authority of the Behavioral Health Administration to use this code without tying it to minutes. It is important that the minutes reported are as accurate as possible for the service delivered. The encounter and associated minutes will be reported to the BHO who will be responsible for certifying the accuracy of the data.

This is different than billing under fee for service. In fee for service a service occurred and was billed as an all-inclusive payment, directly by the provider through P1. An encounter is a report of time spent in the delivery of the service and is not related to payment.

It is not allowable to report multiple encounters that would represent the number of “doses” received by the enrollee; for example sending 8 encounters if the enrollee was provided 8 take-home doses. The state does not need the data about number of doses. We only need reported minutes of time spent delivering service amount of medication.

- If the BHO or provider needs this information for either clinical, legal or payment needs this would be collected and reported through an agreed upon mechanism between the BHO and the provider.
- Under fee for service the providers were paid based on “doses” and could “bill” DBHR based on each dose delivered. There is no prohibition on this practice continuing between BHO’s and providers. However, this does not, under managed care equal an encounter that needs to be reported. Expenses related to providing the medication under the provider/BHO contract would be reported to BHA through the Revenue and Expenditure report.

BHO’s may report multiple encounters using this code in a single day. Using provider types as defined in the SERI will distinguish if a person had a “dose” episode and then later or consecutively met with a CDP or other provider type that is included in their OST program.

Given that different Provider Types performed services for the client for the day, each would need to report individually. Since there is no minute minimum for the H0020 HCPCS code, fidelity of the code is met for each encounter.

For Example: On Tuesday the client got their dose from a LPN that took 3 minutes, then went and saw the ARNP for a physical that took 15 minutes then received some individual therapy by a CDP for 20 minutes.

The reporting of this visit would look like this:

- **H0020** for 3 minutes with Provider Type '01'
- **H0020** for 15 minutes with Provider Type '02'
- **H0020** for 20 minutes with Provider Type '20'

The reporting of the encounters would not be rolled up. Since it is not the same clinician (Provider Type) providing the same service to the same client discontinuously throughout the day, it should not be rolled up.

BHO's may also report other encounter types for individuals who receive OST service and then access other BHO authorized services such as Intensive Outpatient in the same day.