

**CHAPTER 1223. OUTPATIENT DRUG AND ALCOHOL
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Source

The provisions of this Chapter 1223 adopted December 28, 1979, effective January 1, 1980, 9 Pa.B. 4264, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 1101.31 (relating to scope); 55 Pa. Code § 1101.95 (relating to conflicts between general and specific provisions); and 55 Pa. Code § 1221.2 (relating to definitions).

GENERAL PROVISIONS**§ 1223.1. Policy.**

The MA Program provides payment for specific medically necessary outpatient drug and alcohol clinic services rendered to eligible recipients by drug/alcohol outpatient clinics enrolled as providers under the program. Payment for drug/alcohol outpatient clinic services is subject to this chapter, Chapter 1101 (relating to general provisions) and the limitations established in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

Source

The provisions of this § 1223.1 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (117478).

§ 1223.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Chemotherapy clinic visit—A minimum 15-minute visit only for administration of a drug for purposes other than methadone maintenance or opiate detoxification, and evaluation of a patient's physical and mental condition during the course of prescribed medication. This visit is provided to an eligible recipient by a licensed physician or by drug/alcohol medical personnel under the supervision of a physician in an approved drug/alcohol outpatient clinic.

Comprehensive medical examination—An initial examination and evaluation by a licensed physician. The term includes a complete physical examination, comprehensive medical and drug/alcohol history, evaluation of pertinent diagnostic information necessary to formulate a diagnosis and treatment plan and recommendations for treatment or further diagnostic studies or consultation.

DAAP—Drug and alcohol addictions professional—One of the following:

- (i) An individual who is certified as an addictions counselor by a State-wide certification body and who is a member of a National certification body.
- (ii) An individual who is certified by another state government's substance abuse counseling certification board.
- (iii) An individual possessing a minimum of a bachelor's degree in social science and 2 years experience in treatment/case management services for persons with substance abuse/addiction disorders.
- (iv) An individual meeting the qualifications of one of the following:
 - (A) Drug and Alcohol Case Management Specialist.
 - (B) Drug and Alcohol Case Management Specialist Trainee.
 - (C) Drug and Alcohol Case Management Supervisor.
 - (D) Drug and Alcohol Counselor.
 - (E) Drug and Alcohol Counselor Assistant.

DAC—Drug and alcohol counselor—An individual who provides a wide variety of treatment services which may include performing diagnostic assessments for chemical dependency, developing treatment plans, and providing individual and group counseling. This individual shall meet the education and experience requirements in 28 Pa. Code § 704.7 (relating to qualifications for the position of counselor).

DACA—Drug and alcohol counselor assistant—An individual in an entry level position who provides treatment services under the direct supervision of a trained counselor or clinical supervisor. This individual shall meet the education, experience, supervision and training requirements in 28 Pa. Code §§ 704.8 and 704.11 (relating to qualifications for the position of counselor assistant; and staff development program).

DACMSP—Drug and alcohol case management specialist—An individual who meets the minimum experience and training requirements established by the State Civil Service Commission for DACMSP.

DACMST—Drug and alcohol case management specialist trainee—An individual who meets the minimum experience and training requirements established by the Civil Service Commission for DACMST.

DACMSU—Drug and alcohol case management supervisor—An individual who meets the minimum experience and training requirements established by the Civil Service Commission for DACMSU.

Department—The Department of Public Welfare of the Commonwealth.

Drug/alcohol outpatient clinic medical personnel—Licensed physicians, that is, medical doctors or osteopaths, registered nurses, licensed practical nurses, certified registered nurse practitioners and certified physician assistants.

Drug/alcohol outpatient clinic provider—A facility approved by the Department to participate in the Medical Assistance Program and which is fully or provisionally licensed by the Department of Health to provide regular psychotherapy, client management, medical and psychological outpatient services for

the diagnosis and treatment of drug and alcohol abuse and dependence to eligible Medical Assistance outpatient recipients who are not residents of a treatment institution or receiving similar treatment elsewhere. A drug/alcohol clinic may provide methadone maintenance if approved to do so by the Department of Health.

Drug/alcohol outpatient clinic psychotherapy personnel—Licensed physicians, clinical social workers who have been graduated from a graduate school of social work accredited or approved by the Council on Social Work Education, licensed psychologists with psychotherapy training, and other individuals permitted by the Department of Health.

Drug/alcohol outpatient clinic services—Outpatient medical services listed in the Medical Assistance program fee schedule furnished to an outpatient while the patient is not a resident of a treatment institution, provided by or under the supervision of a physician in a facility organized and operated to provide medical care to outpatients.

Drug-free clinic visit—A minimum 15-minute clinic visit for the purpose of evaluating a patient's physical and mental condition during a course of treatment which is free of prescribed medication. This visit is provided to an eligible recipient by a licensed physician or by drug/alcohol clinic personnel under the supervision of a physician in an approved drug/alcohol outpatient clinic.

Family—A person living alone or the following persons living together: spouses; parents and their unemancipated minor children and another unemancipated minor children who are related by blood or marriage; or other adults or emancipated minor children living in the household who are dependent upon the head of the household.

Family psychotherapy—Psychotherapy provided to members of a family who regularly live and interact together. At least one family member must have a diagnosed drug/alcohol abuse or dependence problem. Sessions shall be at least 1/2 hour in duration and shall be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.

Group psychotherapy—Psychotherapy provided to no less than two and no more than ten persons with diagnosed drug/alcohol abuse or dependence problems for a minimum of 1 hour. These sessions shall be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.

Home visit—A compensable drug/alcohol clinic service with the exception of group psychotherapy, delivered by appropriate drug/alcohol clinic personnel to a severely physically disabled, home-bound drug/alcohol patient in his personal residence.

Individual psychotherapy—Psychotherapy provided to one person with a diagnosed drug/alcohol abuse or dependence problem for a minimum of one half hour. These sessions must be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.

Inpatient—A patient who has been admitted to a treatment institution or an acute care hospital on the recommendation of a physician or dentist and is receiving room, board and professional services in the facility on a continuous 24-hour basis.

Intake—The first clinic contact with a patient for initiation or renewal of services.

Level of care assessment—A face-to-face interview with an individual using the most current edition of the Pennsylvania Client Placement Criteria for adults and the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for adolescents to ascertain the severity of alcohol or other drug use and degree of impairment by identifying the biomedical, emotional/behavioral and environmental effects of that use in order to determine proper placement and treatment for the individual.

Methadone maintenance—The provision of methadone to achieve stabilization or prevent withdrawal symptoms in persons dependent upon methadone or an opiate substance with an ultimate goal of permanent discontinued use of the methadone or opiate substance by the patient. Slow withdrawal or outpatient detoxification of the patient from the maintenance substance is considered as a part of maintenance.

Methadone maintenance clinic visit—A minimum 15-minute visit only for administration of methadone, and evaluation of a patient's physical and mental condition during the course of prescribed methadone maintenance provided to an eligible recipient by a licensed physician or by drug/alcohol clinic medical personnel under the supervision of a physician in an approved drug/alcohol clinic.

Opiate detoxification clinic visit—A minimum 15-minute visit only for administration of a drug for ambulatory opiate detoxification, and evaluation of a patient's physical and mental condition during the course of prescribed medication. This visit is provided to an eligible recipient by a licensed physician or by drug/alcohol clinic medical personnel under the supervision of a physician in an approved drug/alcohol outpatient clinic. Ambulatory opiate detoxification does not follow methadone maintenance or apply to detoxification from methadone.

Outpatient—A patient who is not a resident of a treatment institution and who is receiving covered medical services at an organized licensed medical facility, or distinct part of the facility, which is not providing him with room and board and professional services on a continuous 24-hour basis.

Psychiatric evaluation—An initial mental status examination and evaluation provided only by a psychiatrist. The term includes a comprehensive history and evaluation of pertinent diagnostic information necessary to arrive at a diagnosis and treatment plan, recommendations for treatment or further diagnostic studies or consultation. The history shall include individual, social, family,

occupational, drug, medical and previous drug/alcohol and psychiatric diagnostic and treatment information.

Psychosocial evaluation—A composite picture of the individual in relationship to the collected historical information in order to identify possible relationships, conditions and causes leading to the individual's current situation.

Psychotherapy—The treatment, by psychological means, of the problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of removing, modifying or retarding existing symptoms, mediating disturbed patterns of behavior and promoting positive personality growth and development.

Single County Authority or *SCA*—The government agency designated by the Board of County Commissioners in a county or joinder to plan, fund and evaluate drug and alcohol activities in that county or joinder. The SCA conducts the following activities:

(i) *Administration*. The provision of planning, organizing, funding and control of the SCA drug and alcohol program.

(ii) *Evaluation*. The systematic collection, analyses and interpretation of objective data pertaining to the measurement of success in achieving goals and objectives or to the development of a needs assessment.

(iii) *Research*. The empirical investigation aimed at testing existing theories and generating new theories.

(iv) *Training*. The provision of necessary education and experience used to prepare those who will work or are currently working in the drug or alcohol field.

Supervision by a physician—Where the physician personally provides or orders, guides and oversees all compensable medical clinic services provided to recipients by drug/alcohol clinic medical and psychotherapy personnel.

Treatment institution—A facility licensed, funded or controlled by the Department of Health or its agents that provides or makes provision for full or part-time treatment or rehabilitative services for drug and alcohol abuse and dependence of resident patients.

Authority

The provisions of this § 1223.1 amended under sections 403(a) and (b), 443.3(1) and 509 of the Public Welfare Code (62 P. S. §§ 403(a) and (b), 443.3(1) and 509).

Source

The provisions of this § 1223.2 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418; amended September 30, 1988, effective July 29, 1987, 18 Pa.B. 4423; amended November 9, 2001, effective November 10, 2001, and applies retroactively to March 1, 1998, 31 Pa.B. 6153; amended November 8, 2002, effective November 9, 2002, 32 Pa.B. 5513. Immediately preceding text appears at serial pages (251244) and (285055) to (285057).

COVERED AND NONCOVERED SERVICES**§ 1223.11. Types of services covered.**

Medical Assistance Program coverage for outpatient drug/alcohol clinics is limited to professional medical and psychiatric services for the diagnosis and treatment of drug/alcohol abuse and dependence, as specified in the fee schedule in the Medical Assistance program fee schedule.

Source

The provisions of this § 1223.11 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (86866).

§ 1223.12. Outpatient services.

The outpatient drug/alcohol clinic services specified in the Medical Assistance program fee schedule are covered only when provided by approved drug/alcohol outpatient clinics, when ordered by a licensed physician, to eligible outpatient recipients by or under the supervision of a licensed physician. Payment is limited to the services and subject to the conditions and limitations specified in Chapter 1150 (relating to Medical Assistance program payment policies) and the Medical Assistance program fee schedule, this chapter and Chapter 1101 (relating to general provisions). The Medical Assistance program is not considered to be a funding source for facility, project, program or Single County Authority maintenance or expansion but a program of fee for service reimbursement for actual covered medical and psychiatric services rendered to eligible outpatients in approved clinics.

Source

The provisions of this § 1223.12 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (86866).

§ 1223.13. Inpatient hospital services.

For inpatient acute care hospital services refer to Medical Assistance regulations for inpatient hospital services. With the exception of acute care hospital services, drug/alcohol treatment institution services or services to residents of treatment institutions are not covered under the Medical Assistance program.

§ 1223.14. Noncovered services.

Payment will not be made for the following types of services regardless of where or to whom they are provided:

- (1) Nonmedical counseling consisting of supportive activities to improve an individual's problem-solving and coping skills and intrapersonal or interper-

sonal development and functioning; and group recreation or group social activities, as group psychotherapy.

(2) Clinic visits, psychotherapy, diagnostic psychological evaluations, psychiatric evaluations and comprehensive medical evaluations conducted over the telephone, that is, any clinic service conducted over the telephone.

(3) Cancelled appointments.

(4) Covered services that have not been rendered.

(5) Inpatient hospital methadone maintenance.

(6) Vocational rehabilitation; day care; drug/alcohol or mental health partial hospitalization; reentry programs, occupational or recreational therapy; Driving While Intoxicated (DWI) or Driving Under the Influence Programs or Schools; referral, information or education services; experimental services; training; administration; follow-up or aftercare; program evaluation; case management; central intake or records; shelter services; research; drop-in, hot-line or social services; inpatient nonhospital or occupational program services, or any other service or program not specifically identified as a covered service in Chapter 1150 (relating to Medical Assistance Program payment policies) and the Medical Assistance (MA) Program fee schedule.

(7) An MA covered service, including drug/alcohol clinic services, provided to inmates of State or county correctional institutions or committed residents of public institutions.

(8) Drug/alcohol outpatient clinic services provided to residents of treatment institutions, that is, persons who are also being provided with room and board and services on a 24-hour basis by the same facility or distinct part of the facility or program. Drug/alcohol outpatient clinic services provided to residents of inpatient nonhospital and shelter facilities.

(9) Drug/alcohol outpatient clinic services provided to patients receiving psychiatric partial hospitalization services under the MA Program or drug/alcohol partial hospitalization services under the Department of Health.

(10) Covered drug/alcohol clinic services, with the exception of family psychotherapy, provided to persons without a drug/alcohol abuse or dependence diagnosis who are family members, other relatives, friends, acquaintances or live-in companions of the eligible recipient with a drug/alcohol abuse or dependence problem solely because of a relationship to the recipient. Payment will be made only for covered services directly provided to eligible MA recipients who have been diagnosed by a licensed physician as having a drug/alcohol abuse or dependence problem.

(11) Services delivered at locations other than approved drug/alcohol outpatient clinics with the exception of home visits under the conditions specified in § 1223.52(d) (relating to payment conditions for various services).

(12) Methadone maintenance clinic visits on days when the patient has take-home privileges, that is, self-administers methadone at home.

(13) Home visits not provided in accordance with the conditions specified in § 1223.52(d).

(14) Methadone maintenance clinic services provided before the date of the physician's comprehensive medical examination, diagnosis and treatment plan.

(15) Services provided without a level of care assessment for each patient prior to admission to the clinic.

(16) Services provided within or beyond the 15th calendar day following intake, without the clinic's supervisory physician's review and approval of the patient's level of care assessment, psychosocial evaluation, treatment plan and determination of the patient's diagnosis as specified in § 1223.52(a)(6)(i).

Authority

The provisions of this § 1223.14 amended under section 443.3(1) of the Public Welfare Code (62 P. S. § 443.3(1)).

Source

The provisions of this § 1223.14 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418; amended November 9, 2001, effective November 10, 2001, and apply retroactively to March 1, 1998, 31 Pa.B. 6153; amended November 8, 2002, effective November 9, 2002, 32 Pa.B. 5513. Immediately preceding text appears at serial pages (285058) to (285060).

Cross References

This section cited in 55 Pa. Code § 1223.54 (relating to noncompensable services and items).

SCOPE OF BENEFITS

§ 1223.21. Scope of services for the categorically needy.

Categorically needy recipients are eligible for the full range of drug/alcohol outpatient clinic services in the MA Program fee schedule.

Source

The provisions of this § 1223.21 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (86868).

§ 1223.22. Scope of services for the medically needy.

Medically needy recipients are eligible for the full range of drug/alcohol outpatient clinic service in the MA Program fee schedule.

Source

The provisions of this § 1223.22 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (86868).

§ 1223.23. Scope of services for State Blind Pension recipients.

State Blind Pension recipients are eligible for the full range of drug/alcohol outpatient clinic services in the MA Program fee schedule.

Source

The provisions of this § 1223.23 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (86869).

§ 1223.24. Scope of benefits for General Assistance recipients.

General Assistance recipients, age 21 to 65, whose MA benefits are funded solely by State funds, are eligible for medically necessary basic health care benefits as defined in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).

Source

The provisions of this § 1223.24 adopted December 11, 1992, effective January 1, 1993, 22 Pa.B. 5995.

PROVIDER PARTICIPATION**§ 1223.41. Participation requirements.**

In addition to the participation requirements established in Chapter 1101 (relating to general provisions), drug/alcohol outpatient clinics shall meet the following participation requirements:

- (1) Be fully or provisionally licensed/approved as an outpatient drug/alcohol facility by the Department of Health. To remain eligible for Medical Assistance reimbursement, a facility shall be fully or provisionally licensed/approved at all times as an outpatient drug/alcohol clinic.
- (2) Have medical personnel currently licensed or registered in accordance with the laws of the Commonwealth.
- (3) Have a written patient referral plan that provides for inpatient hospital care and other follow-up treatment.
- (4) Post a current, written fee schedule for billing third party and private payors.
- (5) Appoint an administrator or director responsible for the internal operation of the clinic in accordance with established policies. Appoint a physician responsible for the supervision and direction of services rendered to eligible recipients.
- (6) Notify immediately the Department's Office of Medical Assistance Programs, in writing, of any facility name, address and service changes prior to the effective date of change. Failure to do so may result in payment interruptions or termination of the provider agreement.
- (7) Enter into a written provider agreement with the Department.

(8) Forward copies of items required by subparagraphs (i)—(v) to the Office of Medical Assistance Programs. It is the clinic director's responsibility to notify the Office of Medical Assistance Programs, in writing, of changes in the clinic's full compliance with licensure standards and changes in the following items required by subparagraphs (i)—(v) within 30 days following a change. If the clinic is relicensed by the Department of Health, the clinic director shall also forward a copy of the current license to the Office of Medical Assistance Programs within 30 days of relicensure:

- (i) A current Department of Health license showing effective dates of licensure and activities licensed.
- (ii) A written description of referral services utilized.
- (iii) A written description of clinic services provided on the clinic premises.
- (iv) The current fee schedule for billing third party and private payors.
- (v) The names and business addresses of physicians providing treatment or supervision for MA recipients on a full-time or part-time basis in the clinic.

(9) Have each branch location or satellite of an approved clinic also licensed by the Department of Health as an outpatient clinic and be approved by the Office of Medical Assistance Programs before reimbursement can be made for services rendered at the branch or satellite. Approval of the parent organization does not constitute approval for any branches or satellites of the same organization.

(10) Be approved by the Office of Medical Assistance Programs.

(11) Ensure that a DAAP performs a level of care assessment for each patient prior to admission to the clinic and the provision of treatment.

Authority

The provisions of this § 1223.41 amended under section 443.3(1) of the Public Welfare Code (62 P. S. § 443.4(1)).

Source

The provisions of this § 1223.41 amended November 9, 2001, effective November 10, 2001, and apply retroactively to March 1, 1998, 31 Pa.B. 6153; amended November 8, 2002, effective November 9, 2002, 32 Pa.B. 5513. Immediately preceding text appears at serial pages (285061) to (285062).

§ 1223.42. Ongoing responsibilities of providers.

(a) *Ongoing responsibilities.* Ongoing responsibilities of providers are established in Chapter 1101 (relating to general provisions).

(b) *Record keeping requirements.* In addition to the requirements listed in Chapter 1101, the following items shall be included in medical records of Medical Assistance patients receiving drug/alcohol outpatient clinic services:

- (1) As part of the treatment plan, the treatment plan goals; services to be provided to the patient in the clinic or through referral; and persons to directly provide each service shall be included.
- (2) As part of the progress notes, the frequency and duration of each service provided shall be included.

PAYMENT FOR OUTPATIENT DRUG/ALCOHOL CLINIC SERVICES

§ 1223.51. General payment policy.

Payment is made for medically necessary professional medical and psychiatric services provided by or under the supervision and direction of a licensed physician in participating outpatient drug/alcohol clinics, subject to the conditions and limitations established in this chapter and Chapters 1101 and 1150 (relating to general provisions; and Medical Assistance program payment policies) and the Medical Assistance program fee schedule. Payment will not be made for a compensable outpatient drug/alcohol clinic service if payment is available from another public agency or another insurance or health program.

Source

The provisions of this § 1223.51 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial pages (86870) to (86871).

§ 1223.52. Payment conditions for various services.

- (a) *Elibility for payment.* The following conditions shall be met by an outpatient drug and alcohol clinic, as applicable, to be eligible for payment:
 - (1) Drug/alcohol clinic visits—methadone maintenance clinic visits, chemotherapy clinic visits and opiate detoxification clinic visits—shall be provided only by a licensed physician or other drug/alcohol clinic medical personnel under the supervision of a physician. Drug-free clinic visits shall be provided by a licensed physician or by drug/alcohol clinic personnel under the supervision of a physician.
 - (2) A comprehensive medical examination shall be provided only by a licensed physician. Additional interviews with other staff may be included as part of the comprehensive medical examination, but shall be included in the comprehensive medical examination fee. Separate billings for these interviews are not compensable.
 - (3) A psychiatric evaluation shall be provided only by a licensed psychiatrist. Additional interviews with other staff may be included as part of the psychiatric evaluation, but shall be included in the psychiatric evaluation fee. Separate billings for these interviews are not compensable.

(4) Psychotherapy—individual, family or group—shall be provided only by licensed physicians or other drug/alcohol outpatient clinic psychotherapy personnel under the supervision of a physician.

(5) Diagnostic psychological services—the psychological and intellectual evaluations listed in the Medical Assistance Program Fee Schedule—shall be provided only by licensed psychologists under the supervision of a physician.

(6) With the exception of methadone maintenance clinic services, a DAAP shall perform a level of care assessment for each patient prior to admission to the clinic and the provision of services.

(i) Within 15 days following intake, the clinic's supervisory physician shall review and verify each patient's level of care assessment, psychosocial evaluation and initial treatment plan prior to the provision of any treatment beyond the 15th day following intake. The clinic's supervisory physician shall verify the patient's diagnosis. The clinic's supervisory physician shall sign and date the patient's level of care assessment, psychosocial evaluation, treatment plan and diagnosis in the patient's record. Payment will not be made for services provided within or beyond the 15th day following intake, without the clinic's supervisory physician's review and approval of the level of care assessment, psychosocial evaluation, treatment plan and determination of the patient's diagnosis.

(ii) Sixty days following the date of the initial treatment plan and at the end of every 60-day period during the duration of treatment, the clinic's supervisory physician shall review and update each patient's treatment plan. Each review and update shall be dated, documented and signed in the patient's record by the clinic's supervisory physician.

(iii) The treatment plan and updates shall be based upon the psychosocial evaluation and diagnoses. Treatment shall be provided in accordance with the treatment plan and updates and under the supervision and direction of the clinic's supervisory physician. Clinic supervisory physician reviews and reevaluations of diagnoses, treatment plans and updates shall be done in the clinic.

(iv) A physician may perform a comprehensive medical examination or psychiatric evaluation, when medically necessary, as indicated by either the level of care assessment or the clinic's supervisory physician's review.

(7) For methadone maintenance clinics, following intake and prior to the provision of any services, the clinic's supervisory physician shall perform a comprehensive medical examination on each patient to determine the patient's diagnoses, initial treatment plan and identify any medical conditions. The clinic's supervisory physician shall document and sign the comprehensive medical examination and treatment plan in the patient's record. The treatment plan shall be developed, maintained and periodically reviewed in accordance with the following criteria:

(i) Sixty days following the date of the initial treatment plan and at the end of every 60-day period during the duration of treatment, the clinic's supervisory physician shall review and update each patient's treatment plan. Each review and update shall be dated, documented and signed in the patient's record by the clinic's supervisory physician.

(ii) The treatment plan and updates shall be based upon the comprehensive medical examination, psychosocial evaluation and diagnoses. Treatment shall be provided in accordance with the treatment plan and updates and under the supervision and direction of the clinic's supervisory physician. Clinic supervisory physician reviews and reevaluations of diagnoses, treatment plans and updates shall be done in the clinic.

(b) *Methadone maintenance clinic visit, chemotherapy clinic visit, drug-free clinic visit and opiate detoxification clinic visit.* Payment will only be made for drug/alcohol clinic visits provided to eligible drug/alcohol patients in approved drug/alcohol outpatient clinics under the following conditions:

(1) The visit shall be a minimum duration of 15 minutes.

(2) A drug or biological furnished to a clinic patient for therapeutic purposes during a clinic visit, diagnostic laboratory services used to detect the patient's use of drugs, and supplies provided to the outpatient are included in the clinic visit fee. This paragraph does not apply to documented, medically necessary tests for pregnancy and medical conditions such as hepatitis, anemia and AIDS.

(3) The chemotherapy clinic visit is only for the purpose of administering medication, such as antabuse or tranquilizers, and for evaluating the physical and mental condition of the patient during the course of prescribed medication.

(4) The drug-free clinic visit is only for the purpose of evaluating a patient's physical and mental condition during a course of treatment when prescribed medication such as antabuse, methadone or tranquilizers is not provided to assist in withdrawal or in maintenance.

(c) *Psychotherapy.* A patient receiving psychotherapy shall be diagnosed by a physician as having a drug/alcohol abuse or dependence problem, in accordance with the *International Classification of Diseases, 9th Revision (ICD-9-CM)*. In the case of family psychotherapy, psychotherapy shall include at least one family member with a drug/alcohol abuse or dependence problem, that is, the clinic patient. Interviews or consultations with family members alone, without the presence of the family member with a drug/alcohol abuse or dependence problem, are considered to be part of the family psychotherapy fee. Separate billings for these interviews are not compensable.

(d) *Home visits.* The following conditions apply to payment for home visits:

(1) Payment will be made for compensable drug/alcohol clinic services provided to eligible recipients only under the following conditions:

(i) The physician certifies in his handwriting on the invoice submitted for payment that the patient is severely physically disabled, the nature of the disability and the reason why the patient could not be transported to the clinic.

(ii) The home visit is made to the patient's private residence, foster home or home of friend or relative wherein the patient resides. A home visit is not compensable when made to an inpatient nonhospital facility, hospital, shelter, partial hospitalization facility, correctional facility or other location not specifically allowed in this subsection.

(2) Clinic services delivered in the home are subject to the conditions and limitations established in this chapter for clinic services delivered in the clinic facility.

(3) Group psychotherapy is not covered.

Authority

The provisions of this § 1223.52 amended under sections 403(a) and (b), 443.3(1) and 509 of the Public Welfare Code (62 P. S. §§ 403(a) and (b), 443.3(1) and 509).

Source

The provisions of this § 1223.52 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4416; amended September 30, 1988, effective July 29, 1987, 18 Pa.B. 4423; amended November 8, 2002, effective November 9, 2002, 32 Pa.B. 5513. Immediately preceding text appears at serial pages (285063) to (285065).

Cross References

This section cited in 55 Pa. Code § 1223.14 (relating to noncovered services).

§ 1223.52a. Requirements for clinic supervisory physician reviews and reevaluations of diagnoses, treatment plans and updates—statement of policy.

The Department will consider a physician to be “in the clinic” under § 1223.52(a)(6)(iii) and (7)(ii) (relating to payment conditions for various services) when the physician is physically present in a licensed site of the same “project” as defined in 28 Pa. Code § 701.1 (relating to general definitions).

Source

The provisions of this § 1223.52a adopted April 17, 2009, effective April 18, 2009, 39 Pa.B. 1991.

§ 1223.53. Limitations on payment.

Payment is subject to the following service limitations:

(1) One 15-minute clinic visit per day provided an eligible recipient. Payment will be made for only one of the following if more than one compensable service is provided in one 24-hour period: methadone maintenance clinic visit, chemotherapy clinic visit, drug-free clinic visit or opiate detoxification clinic

visit. If psychotherapy is provided on the same day as a clinic visit, payment will be made only for the psychotherapy.

(2) Seven methadone maintenance clinic visits per patient per week for as long as the patient requires methadone maintenance as determined by his physician and documented in the patient's medical record.

(3) Forty-two opiate detoxification clinic visits per patient per 365-day period for the purpose of outpatient, ambulatory opiate detoxification.

(4) A total of three chemotherapy or drug-free clinic visits per patient in a 30-day period for patients not on methadone maintenance or receiving opiate detoxification.

(5) Eight total hours of psychotherapy per patient per 30-day period. This total applies to all psychotherapy: individual, family and group.

(6) One psychiatric evaluation or comprehensive medical evaluation per patient per 365-day period. Either the psychiatric evaluation or the comprehensive medical evaluation may be billed in a 365-day period; payment will only be made for one evaluation in one 365-day period.

(7) One comprehensive diagnostic psychological evaluation or up to an \$80 maximum worth of individual psychological or intellectual evaluations per patient per 365-day period.

Authority

The provisions of this § 1223.53 amended under sections 403(a) and (b), 443.3(1) and 509 of the Public Welfare Code (62 P. S. §§ 403(a) and (b), 443.3(1) and 509).

Source

The provisions of this § 1223.53 amended February 26, 1982, effective March 15, 1982, 12 Pa.B. 837; amended September 30, 1988, effective July 29, 1987, 18 Pa.B. 4423; amended August 9, 1991, effective immediately and apply retroactively to January 1, 1990, 21 Pa.B. 3511. Immediately preceding text appears at serial pages (131104) to (131105).

§ 1223.54. Noncompensable services and items.

Payment will not be made for the following services and items:

(1) Noncovered services listed in § 1223.14 (relating to noncovered services).

(2) Items and services not listed as compensable in Chapter 1150 (relating to the Medical Assistance program payment policies) and the Medical Assistance program fee schedule.

Source

The provisions of this § 1223.54 amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (117480).

UTILIZATION REVIEW**§ 1223.71. Scope of claims review procedures.**

Claims submitted for payment under the Medical Assistance program are subject to the utilization review procedures established in Chapter 1101 (relating to general provisions).

ADMINISTRATIVE SANCTIONS**§ 1223.81. Provider misutilization.**

Providers determined to have billed for services inconsistent with Medical Assistance program regulations, to have provided services outside the scope of customary standards of medical practice or to have otherwise violated the standards set forth in the provider agreement, are subject to the sanctions imposed in Chapter 1101 (relating to general provisions).

APPENDIX A. [Reserved]**Source**

The provisions of this Appendix A reserved December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial pages (47850) to (47851).

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