

## BROADCAST MESSAGES

**EFFEC. DATE (CCYYMMDD):**2017-04-15

**CANCEL DATE (CCYYMMDD):** 2017-04-30      **TARGET TYPE:** SP

**TARGET KEY:**      00                      **COPY MESSAGE FROM**

**BROADCAST TITLE:** Fee item 00039 amended

**BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):**

Effective February 24, 2017, fee item 00039 note ii) b) is amended to change “two visits” to “one visit” and the eligibility requirements in notes vi) a) and b) are amended.

Revised fee item:

T00039      Methadone or buprenorphine/naloxone treatment only.....23.06

Notes:

- i) The physician does not necessarily have to have direct face-to-face contact with the patient for these fees to be paid.
- ii) 00039 is the only fee payable for any visit or medically necessary service associated with methadone maintenance therapy. This includes but is not limited to the following:
  - a) At least one visit per week with the patient during the induction of methadone or buprenorphine/naloxone/methadone or buprenorphine/naloxone stabilization.
  - b) At least one visit per month with the patient after induction/ stabilization on methadone or buprenorphine/naloxone is complete. Exceptions to this criterion are where the patient resides/works in an isolated locale which is a significant distance from the prescribing physician.
  - c) Case management/treatment planning with care team.
  - d) Supervised urine drug screening and interpretation of results.
  - e) Counselling by a physician.
  - f) Communication with non-physician counsellor.
  - g) Communication with dispensing/supervising pharmacist.
  - h) Communication with primary care physician.
  - i) Communication with hospital-based physician when patient admitted to hospital.
- iii) Claims for visit fees are not payable in addition.
- iv) This fee is payable once per week per patient regardless of the number of visits per week.
- v) This fee is not payable with out of office hours premiums.
- vi) Eligibility to submit claims for this fee item is limited to physicians who:

- a) have a current valid license to prescribe methadone and are actively supervising the patient's continuing use of methadone for treatment of addiction
- OR
- b) are actively supervising the patient's continuing use of buprenorphine/naloxone for treatment of addiction.
- vii) This payment stops when the patient stops taking methadone or buprenorphine/naloxone.

**INITIATED BY: MOH**

Copy to BCMA yes

**AUTHORIZED BY** \_\_\_\_\_

**IF TARGET TYPE IS**

**THEN TARGET KEY IS**

<b>PY-PAYEES</b> -----	<b>PAYEE NO.</b>
<b>PR- PRACTITIONER</b> -----	<b>PRACTITIONER NO.</b>
<b>SP-SPECIALTY</b> -----	<b>SPECIALTY CODE</b>
<b>AI-ASSOCIATION IDENTIFIER</b> -----	<b>MD – BC MEDICAL ASSOCIATION</b>
<b>A -ALL</b> -----	<b>LEAVE TARGET KEY BLANK</b>
<b>PS-PAYEE STATUS</b> -----	<b>C - VESTED INTEREST LAB</b>
	<b>F PRIMARY CARE</b>
	<b>H - HOSPITAL</b>
	<b>I - INACTIVE PAYEE</b>
	<b>L - LABORATORY</b>
	<b>M - ACTIVE PAYEE</b>
	<b>V - 3<sup>RD</sup> PARTY- OUT OF PROVINCE</b>
	<b>Y – ALTERNATIVE PAYMENTS PROGRAM</b>