

## BROADCAST MESSAGES

**EFFEC. DATE (CCYYMMDD):**2018-05-15  
**CANCEL DATE (CCYYMMDD):** 2018-05-31      **TARGET TYPE:** AI  
**TARGET KEY:** MD                      **COPY MESSAGE FROM**

**BROADCAST TITLE:** FI00039 Update  
**BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):**

Effective June 1, 2018, the description and notes for P00039 are:

P00039 Management of Maintenance Opioid Agonist Treatment (OAT) for Opioid Use Disorder ..... \$23.42

Management of ongoing maintenance Opioid Agonist Treatment for Opioid Use Disorder

Notes:

i) The physician does not necessarily have to have direct face-to-face contact with the patient for this fee to be paid.

ii) 00039 is the only fee payable for any medically necessary service associated with maintenance opioid agonist treatment for opioid use disorder. This includes but is not limited to the following:

- a) At least one visit (in-person, telephone or video conference) per month with the patient after induction/stabilization on opioid agonist treatment is complete.
- b) At least one in-person visit with the patient every 90 days. Exception to this criterion will be considered on an individual basis.
- c) Supervised urine drug screening and interpretation of results.
- d) Simple advice/communication with other allied care providers involved in the patients OAT.

iii) Claims for treatment of co-morbid medical conditions, including psychiatric diagnoses other than substance use disorder, are billable using the applicable visit of service fees. Counselling and visit fees related only to substance use disorder are not payable in addition.

- iv) This fee is payable once per week per patient regardless of the number of services per week for management of OAT maintenance.
- 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 are actively supervising the patient's continuing use of opioid agonist medications for treatment of opioid use disorder.
- vii) This payment stops when the patient stops opioid agonist treatment.

**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>