

Opioid Treatment Program

2/7/2024

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Objective

The purpose of this webinar is to give introductory information on Medicare Part B coverage of Opioid Treatment Programs. This will include a brief explanation on where to find enrollment information and then detailed information on proper billing requirements and reimbursement by Medicare.

Today's Presenters

Provider Outreach and Education Consultants

- Jennifer DeStefano
- Jennifer Lee, MBA





Agenda

Opioid Treatment Program (OTP)

- Overview
- Provider Enrollment
- Coding and Billing
- Payment
- CMS Website

Overview

OTP Overview - Medicare Part B Benefit

- **1/1/2020** – Coverage began
 - SAMSHA certified
 - CMS-855B
 - Specialty D5 (non-residential OTP)
 - CMS-1500 claim form
- **1/1/2021** – Coverage expanded to include hospital outpatient OTP departments
 - SAMSHA certified
 - CMS-855A
 - CMS-1450 claim form

OTP Overview

- Weekly bundled payment includes
 - FDA-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications
 - Dispensing and administration of MAT medications (if applicable)
 - Substance use counseling
 - Individual and group therapy
 - Toxicology testing
 - Intake activities
 - Periodic assessments

Provider Enrollment

OTP Provider Enrollment

- Required criteria for enrollment
 - NPI
 - SAMSHA Certification
 - State license
 - DEA registration
 - [Pay application fee](#)
 - Revalidate every **five** years
- Enrollment is **either** CMS-855A **or** CMS-855B, **not both**
 - Use [PECOS](#) to complete the appropriate CMS application
 - ✓ CMS-855A – to submit 837I claims
 - ✓ CMS-855B – to submit 837P claims

OTP Enrollment Resources

▪ Educational Material

- MLN® Educational Tool: [Medicare Provider Enrollment](#)
- [PECOS](#)
- [Enrollment](#)

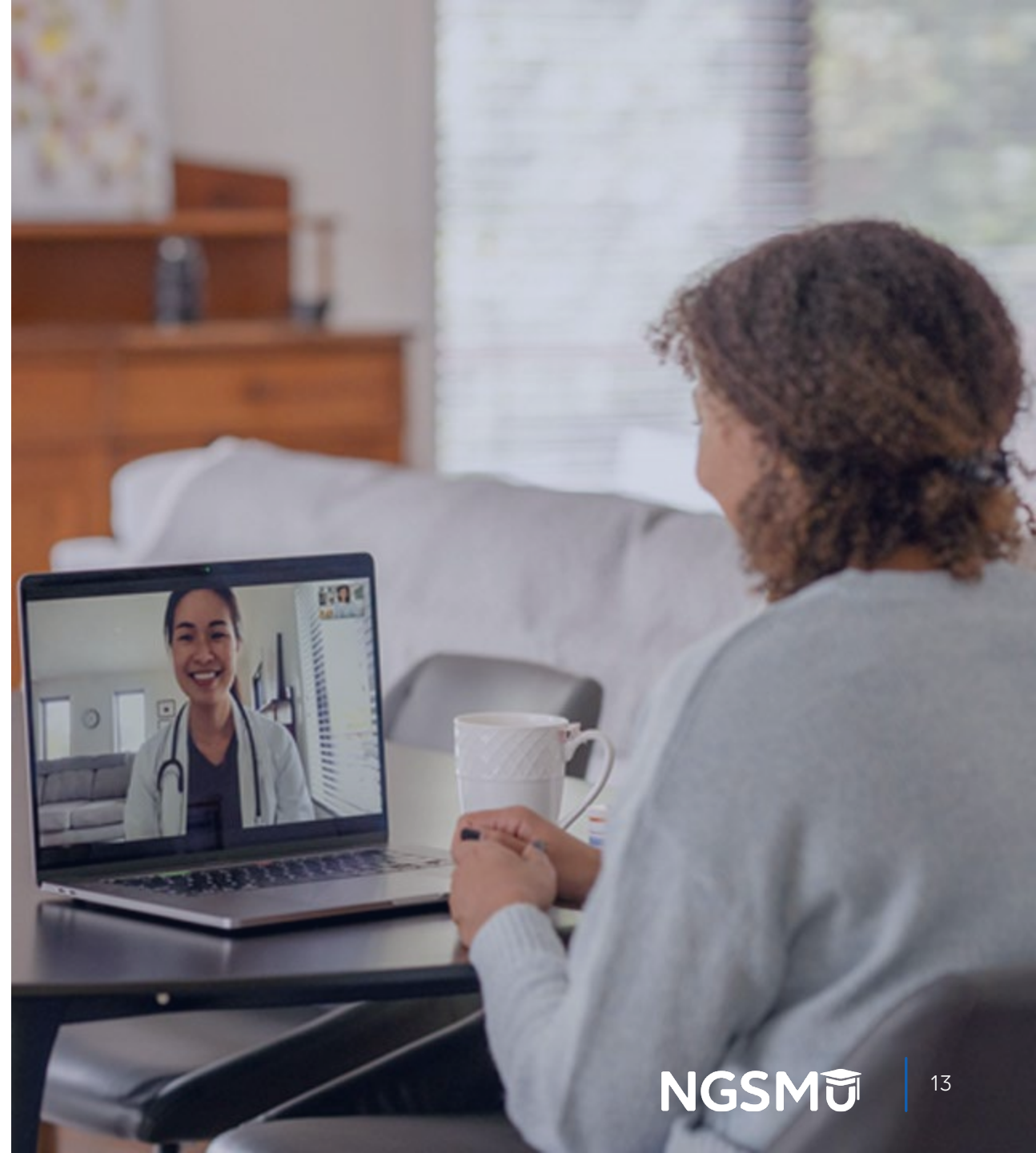
▪ Webinars

- Provider Enrollment: Opioid Treatment Program
 - Submitting Revalidation via PECOS
 - Provider Enrollment: Completing the CMS-855B Paper Application
 - Provider Enrollment: Completing the CMS-855A Paper Application
- Use the [Events](#) page of the NGS website to register for a webinar

Coding and Billing

OTP HCPCS Codes

- G2067–G2075
 - weekly bundle codes
- G2076–G2080
 - add-on codes
- G2215 and G2216
 - take home naloxone, codes added 1/1/2021
- G1028
 - take home naloxone, code added 1/1/2022
- G0137
 - Intensive outpatient services, code added 1/1/2024



New OTP HCPCS Code G0137

- Medicare enrolled OTPs who offer an intensive outpatient program (IOP) may bill G0137 one time per week if a minimum of nine services are provided to the patient during a continuous seven days
 - Individual and group therapy, and therapeutic activities
 - Family counseling
 - Occupational therapy
 - Patient training and education related to the condition the patient is being treated for
 - Drugs and biologicals used for therapeutic purposes
 - ✓ Excludes opioid agonist and antagonist used in emergency, expected overdose, situations
 - Diagnostic testing
 - ✓ Excludes toxicology tests
- IOP care must be provided in person
- Payment will not be made if services are furnished by audio-video/audio-only communication



Notable Facts

- These are not physician services, and do not fall under the PFS
- Each code is assigned a flat dollar payment rate
- Payment is bundled based on weekly care
- Use link from CMS OTP website for current year rates
 - [Opioid Treatment Programs \(OTP\)](#) > Billing/Payment > Payment Rates

HCPCS for MAT

- MAT codes may be billed one time per seven-day period
 - **G2067** – Methadone
 - **G2068** – Buprenorphine oral
 - **G2069** – Buprenorphine injectable
 - **G2070, G2071, G2072** – Buprenorphine implants insertion and/or removal.
 - **G2073** – Extended-release, injectable naltrexone
 - **G2074** – MAT not specified
 - **G2075** – MAT not specified

Take Home Medication

- SAMHSA allows a maximum take-home supply of one month of medication
 - **G2078** – Methadone take home, up to seven additional days of medication
 - ✓ Compatible with G2067
 - ✓ Max unit = three per month
 - **G2079** – Oral buprenorphine take home, up to seven additional days of medication
 - ✓ Compatible with G2068
 - ✓ Max unit = three per month
 - **G1028** - Naloxone nasal spray take home; two-pack of 8mg per 0.1 mL
 - **G2215** – Nasal Naloxone take home
 - **G2216** – Injectable Naloxone take home
 - ✓ Bill only once every 30 days



Non-OTP HCPCS

- G2086, G2087, G2088
 - Bundled payment codes for treatment furnished by physicians and other practitioners in the office setting
- [Physician Fee Schedule Lookup](#)

Transfer of Care/Guest Dosing

- When a patient transfers their care to another OTP, or are considered as guest dosing, it is appropriate for two different OTP providers to bill Medicare
 - Each of the involved OTPs may bill the appropriate HCPCS codes for the services given to the patient and both OTPs must maintain sufficient medical record documentation to reflect the clinical situation and services provided

Extra Counseling

- G2080 (each additional 30 minutes of counseling in a week of MAT)
 - Only used when counseling or therapy services are furnished that substantially exceed the amount specified in the patient's individualized treatment plan
 - OTPs are required to document the medical necessity for these services in the patient's medical record



Beneficiary Financial Responsibility

- There is no copayment for beneficiaries for OUD treatment services; beneficiaries are responsible for the Part B deductible
- \$ 240 – CY 2024
 - [2024 Medicare Parts A and B Premiums and Deductibles](#)

Medicare Advantage Plans

- MA plans also include the OTP benefit beginning 1/1/2020
 - OTP providers who enroll with an MA plan insurer must meet the same enrollment requirements as Medicare FFS OTPs
 - MA plans will contract with OTP providers and/or make arrangements with noncontracted OTP providers



Dual Eligible Beneficiaries

- Medicare is the primary payer for OTP services for dually eligible beneficiaries
 - [CMCS Informational Bulletin](#)

Payment

Payment Rates

- Bundled payment amounts are published in the Final Rule annually
 - [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule](#)
- Payment is geographically adjusted

CMS Website

OTP Information on CMS' Website

CMS.gov Centers for Medicare & Medicaid Services

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Home > Medicare > Payment > Opioid Treatment Programs (OTP)

Overview Enrollment Billing/Payment Medicaid Medicare Advantage Plans

Opioid Treatment Programs (OTP)

- Enrollment
- Billing & Payment
- Medicaid
- Medicare Advantage plans

New for CY 2024:

The [CY 2024 Physician Fee Schedule](#) final rule:

- Extends the flexibility through the end of CY 2024 to provide periodic assessments via audio-only when video isn't available, when authorized by SAMHSA and DEA

The [CY 2024 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System](#) final rule:

- Establishes a weekly payment adjustment for an Intensive Outpatient Program (IOP) provided by an OTP for opioid use disorder treatment; the IOP service:
 - Must be medically reasonable and necessary
 - Can't be duplicative of any service paid for under any bundled payments billed for an episode of care in a given week

- Overview
 - Annual and coverage updates
- Enrollment
 - Basic instruction, links to details
- Billing/Payment
 - Claim coding and reimbursement
- Medicaid
 - Important for dual eligible beneficiaries
- Medicare Advantage Plan
 - OTP is covered by MA; providers are required to contact each plan for details
- Resources
 - Listed on each tab



Resources

- [Opioid Treatment Programs \(OTP\)](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 39, Opioid Treatment Programs](#)
- [CMS IOM Publication 100-02, Chapter 17, Opioid Treatment Programs](#)

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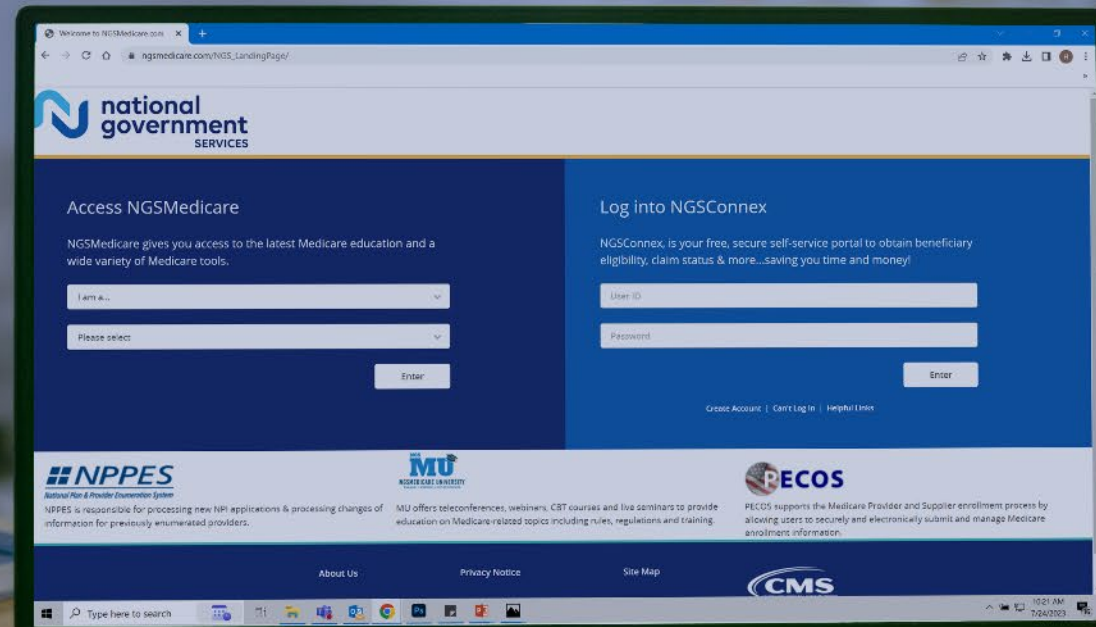
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