

Opioid Treatment Program Medicare Billing Guidelines

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Objective

Provide an overview of the opioid treatment program enrollment guidelines and discuss proper claim submissions, coding, reimbursements and other billing related material.

Today's Presenters



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Agenda

OTP Overview

OTP Provider Enrollment

OTP Coding and Billing

OTP Reimbursement

OTP Overview

OTP Overview

- Effective with dates of service on and after 1/1/2020, Medicare-enrolled OTPs are eligible to deliver OUD treatment services to Medicare beneficiaries and receive weekly bundled payments
- 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

OTP Overview

- OTP is a Medicare Part B benefit
- 1/1/2020 – Coverage began
 - SAMSHA certified
 - 855B
 - Specialty D5 (non-residential OTP)
 - 1500 claim form
- 1/1/2021 – Coverage updated to include hospital outpatient OTP services
 - SAMSHA certified
 - 855A
 - 1450 claim form

OTP Provider Enrollment

OTP - Provider Enrollment

- Required criteria for enrollment
 - NPI
 - Certified by the Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Licensed by the state in which they operate
 - Registration through the local Drug Enforcement Administration office
 - [Pay application fee](#)
 - Use [PECOS](#) to complete the appropriate CMS application
 - ✓ 855A – Part A enrollment
 - ✓ 855B – Part B enrollment
 - CMS-1561 Provider Agreement signed by an authorized or delegated official
 - Mandatory “PAR” (submission of CMS-460 is not needed)

OTP – Provider Enrollment

- Use the OTP Enrollment Fact Sheet for step-by-step assistance
- Enrollment is **either** Part A **or** Part B, **not both**
 - If already enrolled as one, that will deactivate upon enrollment into the other
 - Will keep original enrollment date
- Revalidation applies every five years

OTP Coding and Billing

OTP Billing Overview

- 17 OTP specific HCPCS codes
 - G2067–G2075
 - G2076–G2080 (add-on)
 - G2215 and G2216 – added 1/1/2021
 - G1028 (add-on)– added 1/1/2022
 - ✓ These are not physician services, and do not fall under the physician fee schedule
 - ✓ Each code is assigned a flat dollar payment rate
 - ✓ Payment is bundled based on weekly care



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](#)

HCPCS for MAT

- G2067 – Methadone
- G2068 – Buprenorphine oral
- G2069 – Buprenorphine injectable
- G2070, G2071, G2072 – Buprenorphine implants (insertion, removal, and insertion/removal)
- G2073 – Extended-release, injectable naltrexone
- G2075 – Medication not otherwise specified
 - To be used when giving MAT services with a new opioid agonist or antagonist treatment medication approved the FDA

HCPCS for Non Drug Bundle

- G2074 – Non Drug Bundle
 - Use this code when services furnished during an episode of care did not include medication administration
 - **This code still represents MAT**
- **Example:** In the case of a patient receiving injectable buprenorphine, we would expect that OTPs would bill HCPCS code G2069 for the week during which the injection was administered and bill HCPCS code G2074, which describes a bundle not including the drug, during any subsequent weeks when you furnish at least one non drug service until you administer the injection again, at which time, you would bill HCPCS code G2069 again for that week

Add-on HCPCS Codes

- G2076 – Intake activities, for new patients only
- G2077 – Periodic assessments
- G2078 – Take-home supplies of methadone
- G2079 – Take-home supplies of oral buprenorphine
- G2080 – Additional counseling furnished
- G2215 – Take-home supply of nasal naloxone
- G2216 – Take-home supply of injectable naloxone
- G1028 - Take-home supply of nasal naloxone; two-pack

Take Home Medication – G2078, G2079, and G1028

- 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 (methadone weekly episode of care)
 - **G2079** – Oral buprenorphine take home, up to seven additional days of medication
 - ✓ Compatible with G2068 (oral buprenorphine weekly episode of care)
 - **G1028** - Naloxone nasal spray take home; two-pack of 8mg per 0.1 mL

Frequency of Billing

- The following codes cover episodes of care of seven contiguous days, therefore, they cannot be billed for the same patient more than one time in a seven day period
 - G2067
 - G2068
 - G2071
 - G2074
 - G2075

Frequency of Billing

- Some bundled payment codes describe a drug that is typically only administered once per month (injectable drugs), or once in a six month period (buprenorphine implants) therefore, to be consistent with FDA labeling
 - G2069 and G2073 should generally not be used more than once every four weeks
 - G2070 and G2072 should generally not be used more than once every six months

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

Medication Changes

- If a patient is switching from one drug to another the OTP will bill one weekly bundled payment HCPCS code
 - The OTP will use the weekly code that describes the drug that was furnished for the majority of the week



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
- \$ 226.00 – CY 2023

Medicare Advantage Plan and OTP

- MA plans also include the OTP benefit beginning 1/1/2020
 - MA OTP providers must meet the same enrollment requirements as Medicare OTPs
 - MA plans will contract with OTP providers and/or make arrangements with noncontracted OTP providers
 - [OTP Frequently Asked Questions](#)

Dual Eligible Beneficiaries

- Medicare is the primary payer for OTP services for dually eligible beneficiaries
 - [Tip Sheet for Opioid Treatment Program Providers Serving Dually Eligible Individuals](#)

OTP Payment

Payment Rates

- Payment is geographically adjusted
- Use the current year of these resources to obtain your specific OTP payment rate
 - **Locality Key**
 - **National Final Unadjusted Payment Rates for OTPs**
- Pair together locality, MAC number and HCPCS code in the **Locality Adjusted Rates** document
- MLN[®] Booklet: [*Opioid Treatment Programs \(OTPs\) Medicare Billing & Payment Booklet*](#)

New for 2023

- To stabilize the price for methadone for CY 2023 and subsequent years, CMS revised the methodology for pricing and drug components of the methadone weekly bundle and the add-on code for take-home supplies of methadone
- HCPCS Codes: G2067 and G2078
- Payment amount for the drug component will be based on the payment amount for methadone in CY 2021
- Amount will be updated annually to account for inflation using the PPI for Pharmaceuticals for Human Use (Prescription)

New for 2023

- CMS is modifying the payment rate for the non drug component of the bundled payments for episodes of care to base the rate for individual therapy on a crosswalk to a code describing a 45 minute session, rather than the current crosswalk for a 30 minute session
- Goals
 - Increase overall payments for medication-assisted treatment and other treatments for OUD
 - Longer therapy sessions

New for 2023

- OTP intake add-on code may be furnished via two-way audio-video communications technology when billed for the initiation of treatment with buprenorphine
 - Authorized by the DEA and SAMHSA (at the time service is furnished)
- Use of audio-only communication may be used in cases where audio-video is not available (to the beneficiary)
 - All other requirements must be met
- Periodic assessments are allowed to be furnished audio-only when video is not available for the duration of CY 2023

New for 2023

- OTPs can bill for medically reasonable and necessary services furnished via mobile units
 - According to SAMHSA MHPA and DEA guidance
- Locality adjustments for services furnished via mobile units would be applied as if the services were furnished at the physical location of the OTP registered with the DEA and certified by SAMHSA
- [SAMHSA - Substance Abuse and Mental Health Services Administration](#)

Resources

- [Opioid Treatment Programs \(OTP\)](#)
- MLN[®] Booklet: [Opioid Treatment Programs \(OTPs\) Medicare Billing and Payment](#)
- MLN[®] Booklet: [Opioid Treatment Programs \(OTPs\) Medicare Enrollment](#)
- [OTP FAQs](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 39, Opioid Treatment Programs](#)

Questions?

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