

New Medicare-Covered Services for Contract Year 2020

Opioid Use Disorder (OUD) Treatment —
Opioid Treatment Program (OTP) and
Office-Based OUD Treatment or Telehealth (OBOT)

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Medicare-Covered Opioid Use Disorder (OUD) Treatment

Starting January 1, 2020, Medicare covers Opioid Use Disorder (**OUD**) treatment that includes:

Counseling and individual/group therapy

Medication-Assisted Treatment (MAT)—including the medications—and related items and services as needed

OUD treatment services will be covered by a bundled payment only

Bundles will cover a weekly or monthly episode of care depending on the treatment pathway



Medicare-Covered OUD Treatment Pathways

Patients must choose only one treatment pathway for all OUD services:

Pathway 1: Opioid Treatment Programs (OTPs)

OTPs are the only sites eligible to provide methadone for OUD.

Weekly episodes of care

Pathway 2: Office-Based OUD Treatment or Telehealth (OBOT)

OBOT services should not be provided to members receiving OTP services.

Monthly episodes of care



Coronavirus/COVID-19 Public Health Emergency

For the most up to date information related to Medication-Assisted Treatment during the COVID-19 Public Health Emergency see:

<https://www.samhsa.gov/medication-assisted-treatment>



New Medicare-Covered OTP HCPCS G-Codes

Medicare OTP HCPCS/G-Codes for **weekly episodes of care**/bundled payments include:

MAT, Dispensing and administration of medication-assisted treatment (MAT) medications including: methadone, buprenorphine, buprenorphine/naloxone combination products (films, tablets, injections and implants), and naltrexone (extended release injection).

ODU counseling individual/group therapy, toxicology testing

Threshold to bill for the OTP payment bundle is at least one service furnished during that week

MAT Medications included in the OTP bundle



Billing and payment is tied to the weekly episode of care. Even if the patient is seen daily, the billing should be based on the week/7-day episode of care (e.g., Base code G2067 represents MAT with methadone and includes payment for 7 days /7 doses).

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New Medicare-Covered OBOT HCPCS G-Codes

Medicare Office-Based OUD Treatment/Telehealth (OBOT) HCPCS/G-Codes **monthly episodes of care**/bundled payments including:

Development of the treatment plan, care coordination, individual and/or group therapy and counseling

Threshold to bill for OBOT payment bundle is at least 60 minutes of services including psychotherapy in the month

MAT medications (if any) obtained separately under Part B/D prescription benefit



The remainder of this presentation will focus on OTPs. The OBOT services and codes were shared to illustrate that there would be a duplication of services if both OTP and OBOT providers were to provide OUD services to the same patient.



Chapter

01

Opioid Treatment
Programs

Medicare



OTP-Specific Information

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Medicare-Covered OUD Payment Bundles

New for Medicare –payment bundles

Episodes of care – weekly for OTP

Medicare beneficiaries may only receive treatment through one pathway

- **OTP providers should confirm patients are not receiving OUD services elsewhere**

Services may be provided by telehealth when medically appropriate

- The member's home is an eligible place of service
- The bundled payment covers this with no additional coding/payment

New for Carelon – paying for MAT including the Medications

Payment bundles cannot be unbundled



No duplication of billing is allowed – e.g. a 90834 (45 minutes of psychotherapy) cannot be billed in the same week as G2068 (therapy included)

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Medicare Requirements for OTPs

OTPs **must** be:

Fully Certified and Accredited by the Substance Abuse and Mental Health Services Administration (**SAMHSA**) — no provisional certification allowed; must be full

and

Enrolled in Medicare

- for information on enrolling in Medicare see the [OTP Medicare Enrollment Fact Sheet](#)

CMS posts biweekly updates to their [list](#) of Medicare-enrolled OTPs



OTP Contracting Considerations

Carelon is contracting/adding Medicare Amendments for OTPs in CA, CO, FL, HI, IL, KY, MA, MD, NY and OK

All states except AK, ID, KS, LA, ND, NE, SC, SD, TN, and WY have Medicaid coverage of OTP services.



All states must cover OTP services under Medicaid effective October 1, 2020.

If there is not a Medicare-enrolled OTP in the member's area, then members may access substance use treatment through OBOT providers.

OBOT providers are not allowed to prescribe/dispense methadone.



Bundled Payment Components

Each weekly bundled payment is composed of a:

Drug component

- The typical maintenance dose was used to price drug costs for each bundle
 - Oral medications may be dispensed daily, weekly or with a take-home supply
 - Injectable medications are only used every 4 weeks
 - Implants are only used every 6 months

Non-drug component

- The non-drug component was priced based on similar codes for counseling, therapy, toxicology testing, and drug dispensing and administration (as applicable)

Regardless of medication frequency, OTPs bill one base code per week



Chapter

02

Opioid Treatment
Programs

Medicare



Billing and Payment

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Place of Service (POS)

Only the new POS code 58 for nonresidential opioid treatment facilities can be used on OTP claims.

Claims submitted by OTPs with POS codes other than 58 **will be denied.**



Guest Dosing

There are limited clinical scenarios when a patient may appropriately receive OUD treatment services at more than one OTP within a 7 contiguous day period, such as:

for guest dosing or

when a patient transfers care between OTPs.

In these limited circumstances, each of the involved OTPs may bill the appropriate HCPCS codes that reflect the services furnished to the patient.

Both OTPs involved must provide sufficient documentation in the patient's medical record to reflect the clinical situation and services provided.



CMS will monitor claims data to ensure that this flexibility is not abused.



Claims Submission

Medicare OTP Claims must be submitted on the CMS 1500 regardless of where the OTP is

(e.g., stand-alone; hospital outpatient department, CMHC, etc.)

Do **not** use the UB-04 CMS-1450

See CMS [OTP Billing and Payment Fact Sheet](#)



G-Codes

There are **9** new OTP Base Codes (G-codes G2067 through G2075) that are billable by OTPs for opioid treatment services

There are 5 Intensity Add-On Codes



Only one weekly G-code can be billed in any 7-day contiguous period per beneficiary except in limited clinical circumstances (e.g., guest dosing



Initial Detox vs Maintenance Dosing

Is billing different for an initial detox or 'naloxone challenge test' versus a maintenance visit?

Naloxone challenge test is a test performed **to assess physical dependence**. An intramuscular injection or IV of naloxone is administered and a positive test is indicative of physical dependence and consists of typical withdrawal symptoms and signs.

There is no specified dosage required for billing the bundled payments

If a patient is tapering off methadone or buprenorphine while undergoing detoxification, the bundled payments describing those drugs may be used if the requirements for billing are satisfied

The non-drug bundle could be billed during any time that the patient is not being dispensed or administered a covered OUD treatment medication.



CMS may consider for future rulemaking whether additional coding or payment changes are needed with respect to detoxification or the provision of naloxone

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What is the threshold for billing the counseling add-on code?

The counseling add-on code (HCPCS code G2080) may be billed when counseling or therapy services are furnished that substantially exceed the amount specified in the patient's individualized treatment plan.

OTPs will be required to document the medical necessity for these services in the patient's medical record.



Chapter

03

Opioid Treatment
Programs

Medicare



Appendix

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OTP Weekly Payment Bundles – Base Codes

HCPCS G-codes (G2067 through G2075) - billable only at OTP Place of Service 58

These codes represent bundled payment for a weekly episode of care (a contiguous 7-day period that may start on any day of the week).

G-Code Coverage

G-Code	Coverage
G2067	Methadone (oral)
G2068	Buprenorphine (oral)
G2069	Buprenorphine (injectable)
G2070	Buprenorphine implant (insertion)
G2071	Buprenorphine implants (removal)
G2072	Buprenorphine implants (insertion/removal)
G2073	Naltrexone (extended-release, injectable)
G2074	Non-drug bundle (for services furnished during an episode of care when a medication is not administered)
G2075	Medication not otherwise specified (if/when new FDA-approved medication for OUD treatment)

The Base Codes cover a bundled payment for: Medication assisted treatment (MAT), the medication; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed.

The threshold to bill once in any week is at least one of the services being provided

Frequency limits apply:
Oral = weekly
Injectable = monthly
Implant = 6-months



Add-On Codes to Bundles

Additionally, CMS established add-on G-codes for:

Intake activities (G2076)

Periodic assessments (G2077)

Take-home supplies of methadone (G2078)

Take home supplies of oral buprenorphine (G2079)

Additional counseling furnished (G2080)

**Reminder: The
add-on codes
can only be
billed with a
base code
(G2067 – G2075)**



Add-On Codes

These 5 Add-On codes are billable only with the associate Base Code. Unit limits apply. No other services provided by an OTP are covered by Medicare.

G Code	Coverage	Bundled Description
G2076	Intake activities	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment conducted by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician or qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.
G2077	Periodic assessments	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare enrolled Opioid Treatment Program); List separately in addition to code for primary procedure. Determine the most appropriate combination of services and treatment (provision of the services by a Medicare enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.
G2078	Take-home supplies of methadone	Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.
G2079	Take home supplies of oral buprenorphine	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.
G2080	Additional counseling furnished	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.



Base Code and Add-on Code Pairings

HCPCS Code/ G-Code	Base code	Add-On Codes
G2067	Weekly bundle for Methadone [not billed more than every 1 weeks]	G2076 - Intake Activities G2077 - Periodic Assessment G2078 - Additional 7-day take home supply methadone G2080 - Each additional 30 minutes of counseling
G2068	Weekly bundle for Buprenorphine (oral) [not billed more than every 1 weeks]	G2076 - Intake Activities G2077 - Periodic Assessment G2079 - Additional 7-day take home supply buprenorphine G2080 - Each additional 30 minutes of counseling
G2069	Weekly bundle for Buprenorphine (injectable) [not billed more than every 4 weeks]	G2076 - Intake Activities G2077 - Periodic Assessment G2080 - Each additional 30 minutes of counseling
G2070	Weekly bundle for Buprenorphine (implant insertion) [not billed more than every 6 months]	G2076 - Intake Activities G2077 - Periodic Assessment G2080 - Each additional 30 minutes of counseling
G2071	Weekly bundle for Buprenorphine (implant removal) [not billed more than every 6 months]	G2076 - Intake Activities G2077 - Periodic Assessment G2080 - Each additional 30 minutes of counseling
G2072	Weekly bundle for Buprenorphine (implant insertion and removal) [not billed more than every 6 months]	G2076 - Intake Activities G2077 - Periodic Assessment G2080 - Each additional 30 minutes of counseling
G2073	Weekly bundle for Naltrexone (extended-release, injectable) [not billed more than every 4 weeks]	G2076 - Intake Activities G2077 - Periodic Assessment G2080 - Each additional 30 minutes of counseling
G2074	Weekly bundle not including the drug [Non-drug bundle for services furnished during an episode of care with no medication administered]	G2076 - Intake Activities G2077 - Periodic Assessment G2080 - Each additional 30 minutes of counseling



Example of how base and add-ons work together

Example:

In the case of a patient receiving injectable buprenorphine, CMS expects that OTPs would bill code G2069 for the week during which the injection was administered and not more often than once every 4 weeks. The add-on code describing intake activities (G2076) could be billed for new patients (that is, patients starting treatment at the OTP)

OTPs would then bill code G2074, which describes a bundle not including the drug, during any subsequent 3 weeks when you furnish at least one non-drug service until you administer the injection again. The add-on code describing periodic assessment (G2077) could be billed.

When the injection is administered again, OTPs would bill HCPCS code G2069 again for that week having delivered the medication and the non-drug service(s). The add-on code describing periodic assessment (G2077) could be billed, along with the add-on code for an extra 30 minutes of counseling if the patient received it (G2080)



Example of how base and add-ons work together

There are two add-on codes that describe take-home doses of medication, one for take-home supplies of methadone (HCPCS code G2078), which describes up to 7 additional days of medication, and can be billed along with the respective weekly bundled payment in units of up to 3 (for a total of up to a one month supply), and one for take-home supplies of oral buprenorphine (HCPCS code G2079), which also describes up to 7 additional days of medication and can be billed along with the base bundle in units of up to 3 (for a total of up to a 1 month supply).

SAMHSA allows a maximum take-home supply of one month of medication; therefore, we do not expect the add-on codes describing take-home doses of methadone and oral buprenorphine to be billed any more than 3 times in one month (in addition to the weekly bundled payment).

The add-on code for take-home doses of methadone can only be used with the methadone weekly episode of care code (HCPCS code G2067).

Similarly, the add-on code for take-home doses of oral buprenorphine can only be used with the oral buprenorphine weekly episode of care code (HCPCS code G2068).



Example of how base and add-ons work together

In instances in which a patient is switching from one drug to another, the OTP should only bill for one code describing a weekly bundled payment for that week and should determine which code to bill based on which drug was furnished for the majority of the week

The add-on code describing intake activities (HCPCS code G2076) should only be billed for new patients (that is, patients starting treatment at the OTP)



Additional info on G-Codes G2074 & G2075

Additional Note for **G2074:**

Bill for services furnished during an episode of care when a medication is not administered

Additional Note for **G2075:**

Use when you give Medication Assisted Treatment (MAT) services with a new opioid agonist or antagonist treatment medication approved by the FDA for the treatment of OUD



Resources

For the most up to date information related to Medication-Assisted Treatment during the COVID-19 Public Health Emergency see:

<https://www.samhsa.gov/medication-assisted-treatment>

Carelon Medical Necessity link

<https://www.carelonbehavioralhealth.com/providers/resources/medical-necessity-criteria>

CMS list of OTPs

<https://data.cms.gov/Medicare-Enrollment/Opioid-Treatment-Program-Providers/t5tg-crb5/data>

CMS Frequently Asked Questions

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/OTP-FAQs>

OTP Medicare Enrollment Fact Sheet (how to enroll in Medicare)

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/OTP-enrollment-factsheet-MLN6325432.pdf>



Resources

OTP Billing and Fact Sheet

<https://www.cms.gov/files/document/otp-billing-and-payment-fact-sheet>

Medicare Claims Processing Manual, CH 39 - Opioid Treatment Programs (OTPs)

<https://www.cms.gov/files/document/r4524cp.pdf>

SAMHSA-certified Opioid Treatment Programs (OTPs)

<https://dpt2.samhsa.gov/treatment/directory.aspx>

Note: Okay for Duals to use; payable under Medicaid (Continuity of Care)

For instruction on how to apply to have your opioid treatment program (OTP) certified by SAMHSA to dispense medications for the treatment of substance use disorders

<https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply>

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/Billing-Payment>



Thank you!





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