



Opioid Treatment Program (OTP) Reimbursement Policy – Commercial & Medicare

Policy Number	2021RP506A	Annual Approval Date	3/22/2021	Approved By	Optum Behavioral Reimbursement Committee
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member’s benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT® is a registered trademark of the American Medical Association

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Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to Medicare and Commercial products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.



Policy

Overview

This reimbursement policy articulates Optum's Behavioral Health policy regarding reimbursement for Opioid Treatment Programs (OTPs). Effective January 1, 2020, based on CMS, Substance Abuse and Mental Health Services Administration (SAMHSA) and Food and Drug -FDA-approved treatment medication guidelines, Optum will reimburse for OTPs through bundled payments once a week for Opioid Use Disorder (OUD) treatment services provided by either institutional or professional providers.

What providers are eligible to provide commercial OTP services?

- Must be certified and accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an OTP

What providers are eligible to provide Medicare OTP Services?

- Must be certified and accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an OTP
- Must have a Medicare OTP provider number

Reimbursement Guidelines

Effective January 1, 2020, Optum will reimburse Medicare approved Opioid Treatment Programs (OTPs) as a bundled payment with intensity add-on codes based on weekly episodes of care when codes are billed in a **Place of Service (POS) 58** (non-residential outpatient facility) – A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of medication-assisted treatment (MAT).

Services including:

- FDA-approved treatment medications for the treatment of OUD
- The dispensing and administration of such medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Optum will allow OTP providers to bill the OTP bundled services **not more than once per 7-day period**. This would include a drug component and non-drug component. Only OTPs can submit claims with Codes G2067 through G2080 and G2215 and G2216.

HCPCS codes G2067 through G2074 can not be billed for the same member more than once per 7-day period. 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.



Commercial Only Opioid Treatment Programs can bill for the below HCPC Codes

Effective January 1, 2021 OTP services weekly bundle including dispensing and/or administration, substance use counsel, individual and group therapy , and toxicology testing (Commercial Only)

H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H0033	Oral medication administration, direct observation buprenorphine (oral)
H0047	Alcohol and/or other drug abuse services, naltrexone (oral & monthly injection)

Medicare Only Opioid Treatment Programs can bill for the below HCPC Codes, if performed (provision of the services by a Medicare-enrolled OTP) Prior-Authorization will be required

Effective January 1, 2020 OTP services weekly bundle including dispensing and/or administration, substance use counsel, individual and group therapy , and toxicology testing if performed (provision of the services by a Medicare-enrolled OTP)

Beginning March 2021, Authorization will be required for G2067, G2068, G2073 and G2074

Frequency of Use and Other Billing Guidelines: Can not be billed more than once per 7 contiguous days for the same member

G2067	Medication assisted treatment, methadone
G2068	Medication assisted treatment, buprenorphine (oral)
G2073	Medication assisted treatment, naltrexone (oral & monthly injection) *May not be billed more than once every 4 weeks
G2074	Medication assisted treatment *Bill 3 weeks in conjunction with monthly G2073

Add-on codes -List separately in addition to code for primary procedure

G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment conducted by *Can be billed at the start of any OTP treatment episode (billed for new patients starting treatment at the OTP)
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment. Used for Treatment Plan updates
G2078	Take-home supply of methadone; up to 7 additional days of medication and may only be billed with G2067 (methadone weekly episode of care) *May not be billed with more than 3 units (for a total of up to 4 weeks take home supply) SAMHSA allows a maximum take-home supply of 30 days of medication under the COVID mandate. Therefore, the add-on codes describing take-home doses of methadone and oral buprenorphine should not be billed any more than 3 times in one month (in addition to the weekly bundled payment).
G2079+	Take-home supply of buprenorphine (oral); up to 7 additional day supply may only be billed with G2068 (buprenorphine weekly episode of care) *May not be billed with more than 3 units (for a total of up to 4 weeks take home supply) SAMHSA allows a maximum take-home supply of 4 weeks of medication; therefore, the add-on



	codes describing take-home doses of methadone and oral buprenorphine should not be billed any more than 3 times in one month (in addition to the weekly bundled payment).
G2080+	<p>May be billed 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.</p> <p>Each additional 30 minutes of counseling in a week of medication assisted treatment over and above standard counseling hours (120 minutes)</p>

Medicare Only- Effective January 1, 2021 New OTP Services

G2215	Take home of nasal naloxone
G2216	Optum will not reimburse for the take home supply of injectable naloxone and will only reimburse \$2.53 (injections should be billed to medical)

Revenue code for institutional OTP providers billing on the Form CMS-1450 institutional claim form, along with the appropriate HCPC G- Codes (Commercial and Medicare)

953	<p>Chemical Dependency (Drug and Alcohol)</p> <ul style="list-style-type: none"> Please note for legacy Facility OTP contracts use revenue code 944
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OON Providers OTP Guidelines (Medicare Only), along with the appropriate HCPC G- Codes

- OON Providers may be bill 090x-091x, 0949 Revenue Codes

Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services, Place of Service Code Set
- Substance Abuse and Mental Health Services (SAMHSA)
- Food and Drug Administration

History / Updates

March, 2021	New Reimbursement Policy
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