



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

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 electronic claim submissions (i.e., 837p) 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

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)

Admin notification will be required for G2067, G2068, G2073

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 (28 days)
G0137- Requires authorizaton	Intensive outpatient services; minimum of 9 services of 7-day contiguous period; G0137 is payable with either G2067 or G2068 or G2073

For members completing treatment and/or no longer receiving medication from the OTP, the code G2074 may be billed weekly until the member transitions out of the OTP setting.

G2074	Medication assisted treatment, weekly bundle – not including the drug
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	*Compatible to be billed with G2073, G2078,G2079 or as a standalone for members who may be completing treatment
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+	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. Each additional 30 minutes of counseling in a week of medication assisted treatment over and above standard counseling hours (120 minutes) <ul style="list-style-type: none"> • Effective January 1, 2022 the use of modifier 95 can be appended for counseling and therapy add-on code G2080 when furnished via an audio-only interaction
Medicare Only- Effective January 1, 2021 New OTP Services	
G2215	Take home of nasal naloxone; 2 pack 4 mgs
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)
Medicare Only – Effective January 1, 2022 (New)	
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 mL nasal spray
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	Chemical Dependency (Drug and Alcohol) <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

January, 2024	Added CMS Final Rule to allow for IOP services G0137 for OTP with authorization
December, 2023	Removed prior authorization requirement for G2074 per CMS guidelines
January, 2023	Anniversary review; No updates
December, 2022	Anniversary review; No updates
January, 2022	Anniversary review; Updated Reimbursement Guidelines Code Section added modifier 95 to allow when billed with add-on code G2080+; Added new HCPCs code for Medicare only G1028
March, 2021	New Reimbursement Policy

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