

REIMBURSEMENT POLICY	
Policy Name:	Opioid Treatment Providers (OTP)
Policy Number:	PI-020
Original Effective Date:	01/01/2020
Annual Approval Date:	01/01/2025
Products:	All Medicare Products

Disclaimer

Highmark Wholecare medical claims reimbursement policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical decisions.

POLICY SCOPE

Highmark Wholecare provides coverage under the medical benefits of the Company’s Medicare products for medically necessary episodes of care from Opioid Treatment Programs (“OTP”) meeting certain accreditation requirements.

DEFINITIONS

Medication for Addiction Treatment (“MAT”): As defined by the Substance Abuse and Mental Health Services Administration (“SAMHSA”), the use of medications, often in combination with counseling and behavioral therapies. For Opioid Use Disorder (“OUD”) treatment, these include formulations of methadone, buprenorphine, and naltrexone.

Opioid Treatment Programs (“OTP”): As defined by CMS, healthcare entities that focus on providing medication-assisted treatment for people diagnosed with OUD.

OUD Treatment Services: Items and services furnished by an OTP, as set forth in subparagraphs (A) through (F) of section 1861(jjj)(1) of the Social Security Act.

SAMHSA: Substance Abuse and Mental Health Services Administration

PROCEDURES

As per CMS guidelines, Highmark Wholecare shall allow reimbursement to Opioid Treatment Programs (“OTP”) for bundled payments of medically necessary Opioid Use Disorder (“OUD”) Treatment Services in an episode of care.

OTPs must meet the following requirements at the date of service to the member to bill for bundled payments of OUD Treatment Services:

1. Be enrolled in the Medicare program.
2. Have in effect a certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the opioid treatment program.
3. Be accredited by an accrediting body approved by the SAMHSA.

Claims for bundled payment of OUD Treatment services should include Place of Service Code 58 (Non-residential Opioid Treatment Facility – a location that provides treatment for OUD on an ambulatory basis. Services include methadone and other forms of medication for addiction treatment (“MAT”)), including services furnished using audio-video or audio-only communication technology.

Per CMS guidelines, payment for medications or services delivered, administered or dispensed to a member as part of the OTP bundled payment are considered to be a duplicative payment if delivery, administration or dispensing of the same medications or services were also separately paid by Highmark Wholecare. Any duplicate payments will be recovered from the OTP.

Highmark Wholecare will reimburse providers meeting the conditions outlined above for the OTP services detailed in Appendix A.

POLICY SOURCES

CMS, *Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs To Provide Refunds With Respect to Discarded Amounts; and COVID-19 Interim Final Rules*, <https://www.federalregister.gov/documents/2022/11/18/2022-23873/medicare-and-medicare-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other> (published 11/18/2022)

CMS, *Opioid Treatment Programs*, <https://www.cms.gov/medicare/medicare-fee-for-service-payment/opioid-treatment-program> (last updated 12/13/2023)

SAMHSA, *Certification of Opioid Treatment Programs*, <https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program> (last updated 02/02/2024)

Novitas Solutions, *Provider specialty: Opioid treatment program (OTP)*, <https://www.novitas->

APPENDIX A

HCPCS	Description
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and

	toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare enrolled Opioid Treatment Program)

Intensity Add-On Codes

HCPCS	Description
G2076*	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment 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 assessment; assessing periodically by qualified personnel to 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 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 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*	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.
G0137	Intensive outpatient services; minimum of nine services over a 7-contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; drugs and biologicals furnished for therapeutic purposes, excluding opioid agonist and

	antagonist medications that are FDA-approved for use in treatment of OUD or opioid antagonist medications for the emergency treatment of known or suspected opioid overdose; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual’s condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual’s care and treatment); diagnostic services (not including toxicology testing); (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure, if applicable.
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*For dates of service on or after May 12, 2023, add the following modifiers on claims for HCPCS codes G2076, G2077, and G2080:

- **Modifier 95:** for counseling and therapy provided using audio-video telecommunications.
- **Modifier 93:** for counseling and therapy provided using audio-only telecommunications.

Naloxone

G2215	Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 mL nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure.
G2216	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure.
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 mL nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure.

Policy History

Date	Activity
01/01/2019	Initial effective date
02/01/2021	Updated to include HCPCS G2215 and G2216
12/13/2021	Updated Policy Source weblinks
01/01/2022	Reviewed with no updates
10/06/2022	Rebrand; updated to include HCPCS G1028, modifiers for telehealth when using HCPCS G2080
03/10/2023	Updated Policy Source weblinks; removed HCPCS G2086-G2088 that are used for office-based settings rather than OTPs; clarified modifiers to be used for audiovisual/audio-only encounters to be used for HCPCS codes G2076/G2077/G2080 after the conclusion of the PHE.

02/15/2024	Added G0137 which is on the CY2024 fee schedule. Defined date after which specific audiovisual versus audio-only modifiers should be used for HCPCS codes G2076/G2077/G2080. Removed duplicative policy sources and updated last modified date for sources.
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