Opioid Treatment Program

3/26/2025

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Objective

This webinar aims to provide Medicare's OTP coverage and billing guidance to Medicare Part A and Part B enrolled OTP providers.

Today's Presenters

- Provider Outreach and Education Consultants
  - Jean Roberts
  - Jen DeStefano

Agenda

- Coverage and Enrollment Overview
- Coding
- General Billing
- Claims Submitted to Part A
- Claims Submitted to Part B
- Reimbursement and Patient Responsibility
- Resources

Coverage and Enrollment Overview

OTP Background

Section 2005 of the Substance Use-disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act

- 1/1/2020, OTP became a new Medicare Part B benefit to provide medication-assisted treatment to Medicare beneficiaries diagnosed with opioid use disorder
- Statute allows for weekly bundled payments to SAMSHA accredited facilities that are properly enrolled in the Medicare program

OTP Coverage

CMS has established weekly service bundles that encompass medication-assisted treatment and related services provided by licensed or certified medical professionals at the OTP

- Physicians and practitioners are not permitted to bill for these bundles in an office setting

- Annual updates to codes and pricing are included in the MPFS Final Rule

OTP Services

OUD treatment services provided in a Medicare-enrolled OTP include

- FDA approved opioid agonist and antagonist medications for the treatment of OUD

- Dispensing and administering such medications

- Substance use counseling

- Individual /group therapy

- Toxicology testing

- Intake activities

- Periodic assessments

OTP Provider Enrollment

- Enrollment is either CMS-855A or CMS-855B, not both
  - Use [PECOS](#) to complete the appropriate CMS application
    - CMS-855A – to submit 837I claims
    - CMS-855B – to submit 837P claims

- Required criteria for enrollment
  - NPI
  - SAMSHA Certification
  - State license
  - DEA registration
  - [Pay application fee](#)
  - Revalidate every five years

OTP Enrollment Resources

- Webinars
  - Provider Enrollment: Opioid Treatment Program
  - Submitting Revalidation via PECOS
  - Provider Enrollment: Completing the CMS-855B Paper Application
  - Provider Enrollment: Completing the CMS-855A Paper Application

- Use the Events page of the NGS website to register for a webinar

- Educational Material
  - MLN® Educational Tool: *Medicare Provider Enrollment*
  - PECOS
  - Enrollment

Coding

Updates for 2025

- Telehealth
    - OTP communication technology allows periodic assessments via audio-only if video is unavailable
    - Two-way audio video communication is allowed for intake add-on code for methadone treatment (G2076) when proper patient evaluation is possible

- Payment
    - Enhanced payment for SDOH risk assessments during intake activities, when warranted within OUD treatment services
    - New reimbursement is available for weekly or monthly injectable buprenorphine products

Updates for 2025

- Billing
  - OTP claims for OUD treatment must include the OUD diagnosis code

- New add-on codes
  - G0534 – Coordinated care and referral services
  - G0535 – Patient navigational services
  - G0536 – Peer recovery support services
  - G0532 – Nalmefene hydrochloride nasal spray, for emergency treatment of known or suspected opioid overdose

Weekly Bundles G2067–G2075

- Represent the weekly bundled services provided to Medicare beneficiaries and are defined as seven continuous days of services
- Performed by licensed, certified medical professionals who are employed by the OTP
- MAT included

Take Home Medication

- Take home medication is billed separately in addition to the weekly bundle

- Restrictions apply on units of service and frequency

- G2078 and G2079
  - Up to seven-day supply

- G2215, G2216, G1028, G0532
  - One UOS per 30 days

- G0533
  - Seven days of care

Add-on HCPCS Codes

- Add-on codes are utilized for intake, periodic assessments, and additional counseling or therapy services
- Billing restrictions apply
  - G2076
    - Intake for new patients
  - G2077
    - Periodic assessment
  - G2080
    - Additional 30 min of group or individual counseling/therapy
  - G0137
    - Intensive outpatient program (IOP), covers seven days of care
    - Special coverage rules apply
  - G0534, G0535, G0536
    - New for 2025
    - Additional 30 minutes of service

General Billing

Episode of Care

- G2067-G2075
  - To bill for the patient, at least one service must be provided during a consecutive seven-day week
- G0137
  - At least nine services must be furnished over a consecutive day period to bill for the patient

Billing Cycle

- OTP choice
  - Standard cycle on specific day of week with DOS billed using first day of billing cycle
    - Example: OTP chooses Mondays; DOS = 3/24/2025
    - If beneficiary starts OTP treatment in middle of OTP's standard weekly billing cycle, the OTP may still bill the applicable code for that episode of care provided that it meets the threshold to bill for the code
  - Weekly billing cycle varied by beneficiary's OTP start/restart date or when Medicare billing began
    - DOS is first day beneficiary was seen and DOS for subsequent consecutive episodes of care is the first day after the previous seven-day period ends
      - Example: If first DOS = 3/26/2025 then DOS for next consecutive seven-days is 4/2/2025

DOS

- Weekly bundle codes
  - Standard billing cycle: DOS = first day of OTP billing cycle
  - Patient specific billing cycle: DOS = first date patient seen with subsequent consecutive weeks DOS= first day after previous seven-day period ends

- Add-on Services
  - DOS = date service rendered
  - Or, if use standard billing cycle then DOS = first day of billing cycle
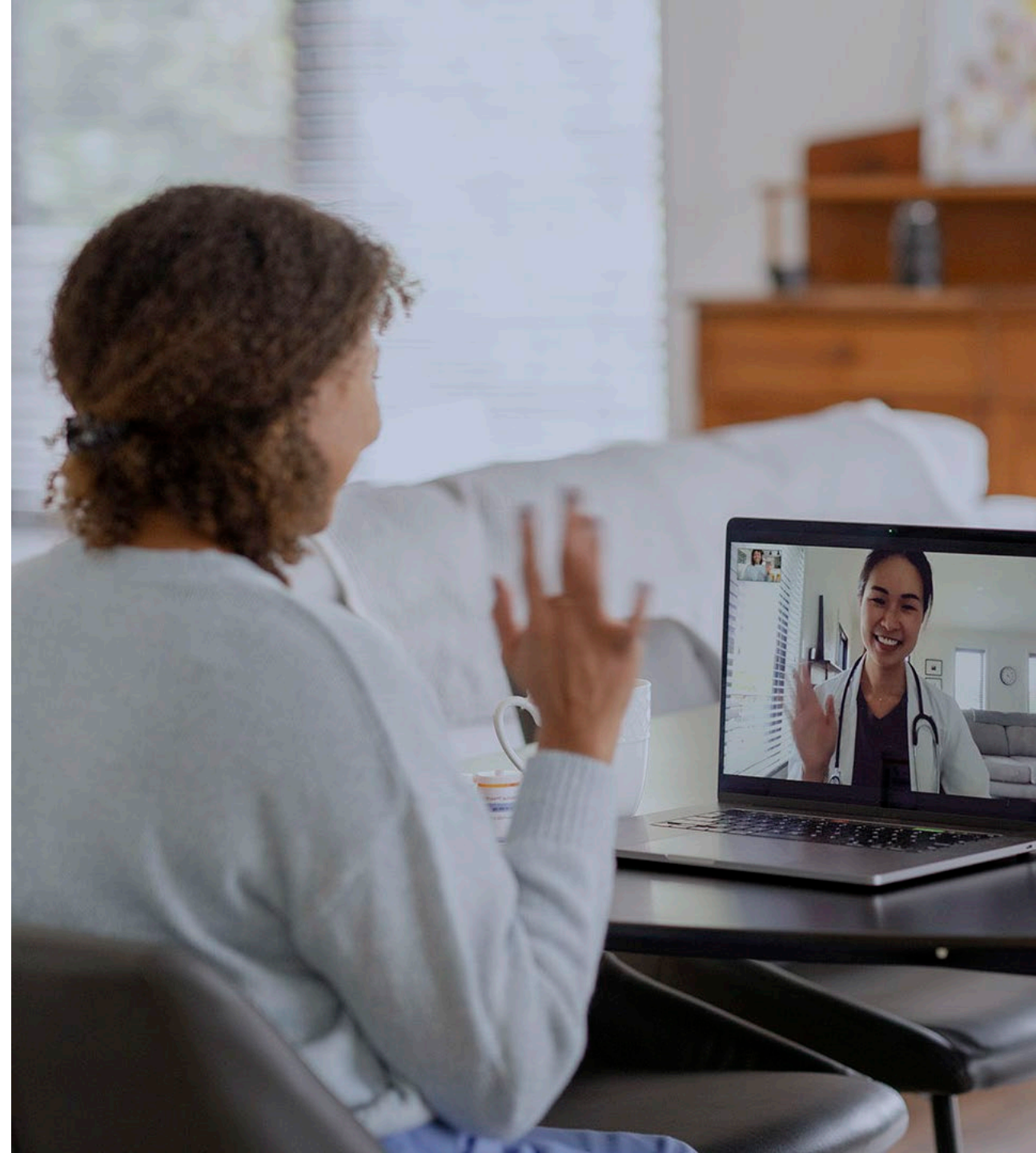
Frequency and Billing

- Report a single date of service
- Do not bill for same beneficiary more than once per seven-day period
  - Except in limited situations such as a beneficiary starting treatment at the OTP in the middle of the OTP's standard weekly billing cycle
- Since certain bundled payment codes describe a drug typically only administered once per month, such as the injectable drugs, or once in a six-month period, in the case of the buprenorphine implants
  - Do not use HCPCS codes G2069 and G2073 more than once every four weeks
  - Do not use HCPCS codes G2070 and G2072 more than once every six months
  - Do not use HCPCS code G1028 more than one time per month

OTP Billing Part A MAC vs. Part B MAC

- Enrollment determines where the OTP submits their claims
  - Part A = Form CMS-1450, 837I
  - Part B = Form CMS-1500, 837P
- Physicians/NPPs cannot bill for professional component

Claims Submitted to Part A

Part A Eligible Facilities

- TOB 013X: Hospital Outpatient Department

- TOB: 071X: Rural health clinic (RHC)

- TOB 076X: Community mental health center (CMHC)

- TOB 077X: Federally qualified health center (FQHC)

- TOB 085X: Critical Access Hospital (CAH)

- TOB 087X: Opioid treatment program (OTP)

Institutional OTP Provider Claims

- Form CMS-1450, or electronic equivalent
- Condition code 89 (provider-based OTP)
  - Exception: TOB 087X
- Opioid Use Disorder (OUD) ICD-10-CM code for all OTP services
  - ICD-10-CM codes in F11 range for "disorders related or resulting from abuse or misuse of opioids"
    - Must apply to HCPCS G-codes for bundled payments and bundled payment add-on codes
- Hospitals, other than CAH, are required to report CPT/HCPCS codes
- Units of service = Number of times service/procedure performed as defined by CPT/HCPCS code performed

Revenue Codes

Revenue Code	Description
0636	Drugs requiring detailed coding
0900	Behavioral health treatment/services
0914	Individual therapy
0915	Group Therapy
0916	Family therapy
0918	Behavioral health/testing
0919	Other behavioral health treatment
0940	General classification
0944	Drug rehabilitation
0949	Other therapeutic service
0953	Chemical dependency (drug and alcohol)

Line-Item Date of Service (LIDOS) Required

- LIDOS required when services provided on more than one day in billing period
  - Identify DOS for each CPT/HCPCS code (Exception: CAH)
    - Report in FL 45 "Service Date" (or electronic equivalent) Format: MMDDYY
    - Repeat each service (revenue code) on separate line item with date service provided for every occurrence
  - Example: Group therapy services provided twice during billing period

Revenue Code	HCPCS Code	DOS	Units	Total Charges
0915	G0176	090525	1	$80
0915	G0176	092525	2	$160

Service Facility Address

- Each practice location must be enrolled
- Report service facility location (address) for off-campus outpatient hospital
  - Electronic claim submitters report in 2310E loop of 837 institutional claim transaction
  - FISS DDE submitters report in MAP171F
    - Access from claim page (three) and then press the (<F11/PF11>) key twice
  - Paper UB-04 claim submitters report in Form Locator (FL) "01"
    - Reminder: Must have approved ASCA waiver on file
- Practice/service facility location address must be exact match based on CMS-855A application and PECOS

Claims Submitted to Part B

Professional OTP Provider Claims

- Form CMS-1500, or electronic equivalent
  - POS 58
  - Provider Specialty D5, only
  - NPI of provider ordering medication
  - NPI of OTP facility in 33A, electronic equivalent
  - OUD related ICD-10 codes
- **DO NOT** include a rendering provider NPI
  - The claim will reject

Professional Telehealth Claims

- POS 58
  - Audio-video
  - Audio-only
  - OTPs do not use Telehealth POS 02 or 10
- HCPCS codes G2076, G2077 and G2080 via telehealth use
  - Modifier 95 for audio-video
  - Modifier 93 for audio-only
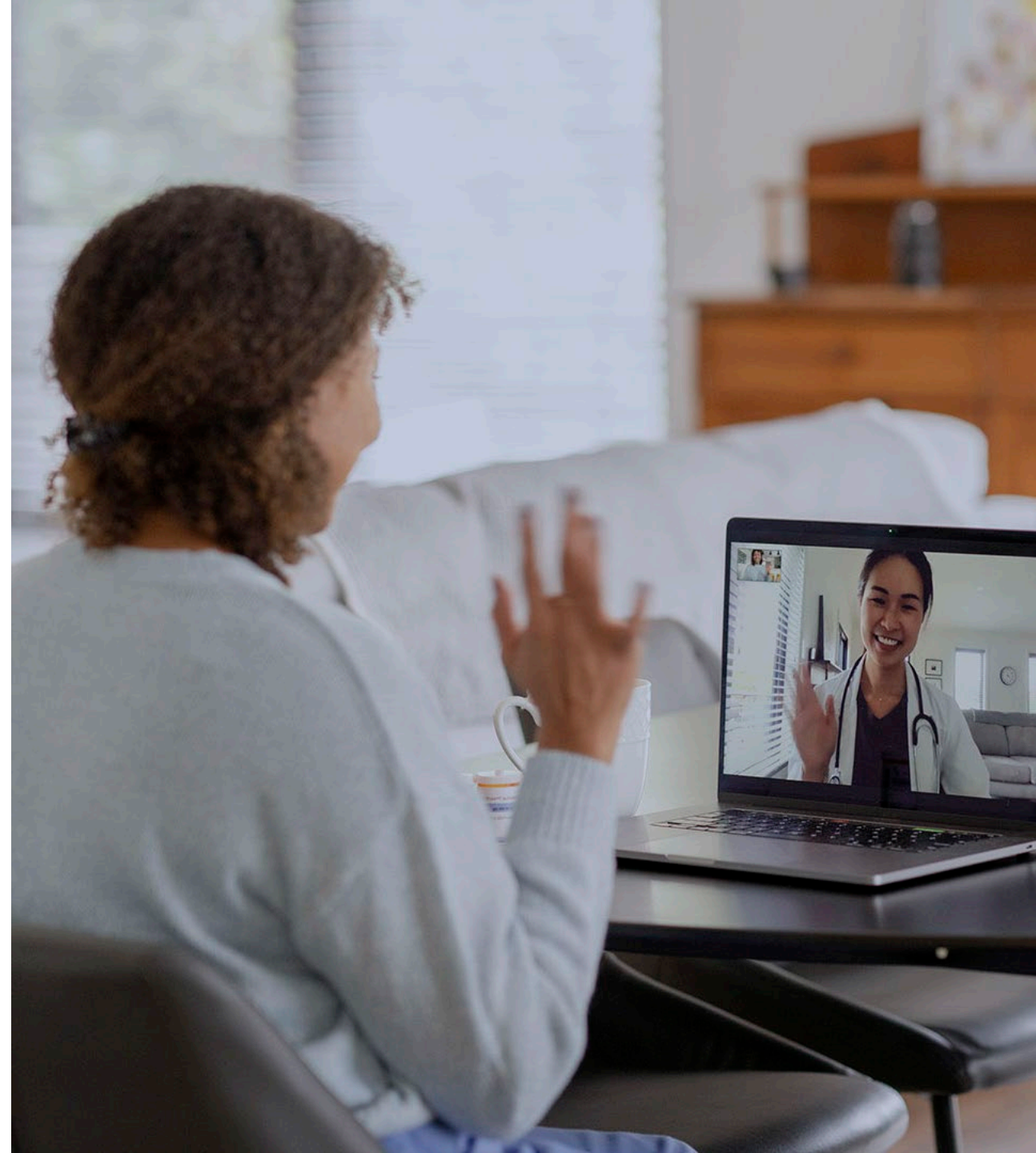
Reimbursement and Patient Responsibility

OTP Reimbursement

- OUD care provided in an OTP is reimbursed to the facility through the weekly bundle payments
  - No separate payment made to the practitioners furnishing the care
    - Counselors, therapists, drug administration professionals, etc.
  - OTP disperses payment to their staff

- Weekly bundle rates are calculated by combining the drug component and the nondrug components
  - Geographically adjusted
  - Not PFS services

Beneficiary Financial Responsibility

- Beneficiaries are responsible for the annual Part B deductible for care received by an OTP
  - Deductible CY 2025 = $257
  - There is no copayment
- [2025 Medicare Parts A & B Premiums and Deductibles | CMS](#)

Resources

Resources

- [Opioid Treatment Programs (OTP) | CMS](#)
- [CMS IOM Publication 100-04, *Medicare Claims Processing Manual,* Chapter 39 Opioid Treatment Programs](#)
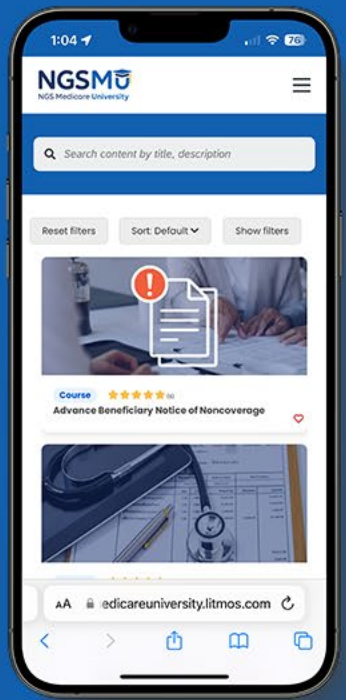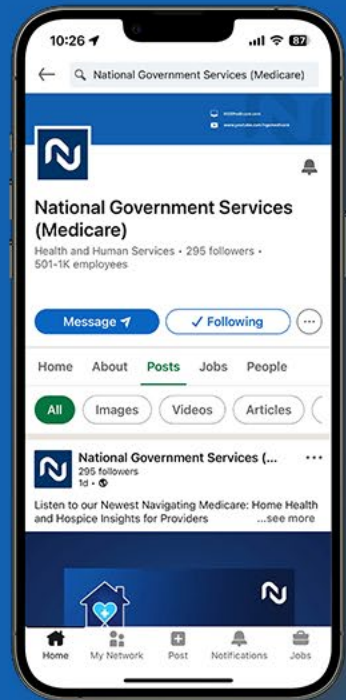
Questions?

Thank you!

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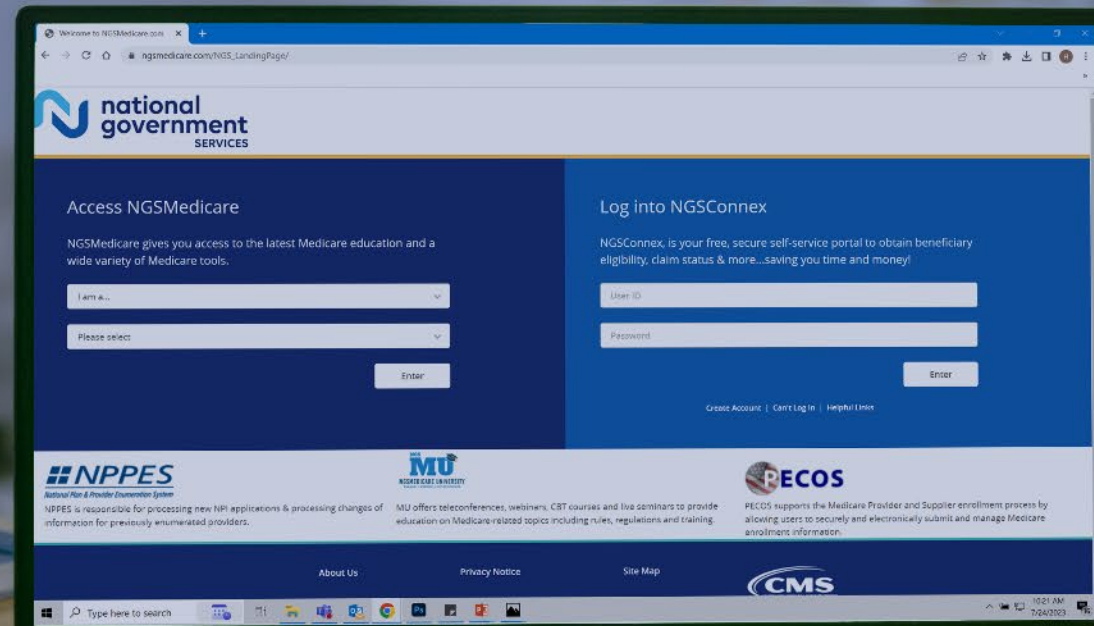**YouTube Channel**
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