

Understanding Medicare Coverage of Injectable Medications to Treat Addiction



ASAM American Society of
Addiction Medicine

Frequently Asked Questions

1. What are injectable medications for addiction?

A: The Food and Drug Administration (FDA) has approved three injectable medications to treat addiction: Sublocade® and Brixadi® for opioid use disorder (OUD), and Vivitrol® for OUD and alcohol use disorder (AUD). These are brand name medications that do not have generic equivalents.

2. Does Medicare cover these medications for addiction?

A: **YES.** Traditional Medicare covers these medications for beneficiaries who have Medicare Part B coverage. These medications must be “incident to” a physician’s professional service. To qualify for coverage under the “incident-to” provision, an FDA approved drug must:

- Be in a form that is not usually self-administered; and
- Be administered by the physician, or by auxiliary personnel employed by the physician and under the physician’s supervision.

3. Does Medicare Advantage cover these medications?

A: **YES.** Medicare Advantage (MA) plans must cover these medications to treat addiction. Under CFR §422.100(a), MA plans must provide the same “basic benefits” to beneficiaries in MA plans that are available under traditional Medicare. Basic benefits are all items and services for which benefits are available under Medicare Parts A and B. Since these medications are covered under traditional Part B, MA plans must cover them under MA, provided they meet the specifications noted above.

4. How do I bill for these medications?

A:

There are different requirements and considerations based on where the patient is receiving the medication. These medications are usually acquired either via a specialty pharmacy or through a buy and bill method. Prescribers should consult the specifications of each manufacturer to determine acquisition practices.

If the medication is being administered in an outpatient setting outside of an opioid treatment program (OTP), you may use the following codes:

Medication	Professional Service	Medication Code
Brixadi®	G2086 & G2087	J0577 or J0578
Sublocade®	G2086 & G2087	Q9991 or Q9992
Vivitrol®	G2086 & G2087	J2315

If you are billing for these services within an OTP, consult the relevant OTP codes [here](#). The OTP benefit only covers services to treat OUD and therefore medications to treat AUD would not be covered. For example, Vivitrol® would be covered for OUD in an OTP, but not for AUD.

5. Are there any limitations on Medicare coverage?

A:

YES. Traditional Medicare and MA plans may impose utilization management on these medications, including prior authorization. However, in [2019 guidance](#) to MA plans, CMS states that it would not approve MA plans that require prior authorization more than once per year. If the plan imposes more than one authorization per year, please let ASAM know.

Additionally, some plans may subject beneficiaries to cost-sharing such as co-pays. Beneficiaries should be aware that although Medicare provides coverage, they may be liable for some of the cost of these medications. Notably, there is no cost-sharing currently allowed under the Medicare OTP benefit.

Beneficiaries must have Medicare Part B or an MA plan to ensure Medicare coverage. If the patient is receiving one of these medications inside an OTP, the medication will be covered as part of the bundled rate and should not be billed separately. See [here](#) for more information on Medicare-covered OTP services.

Medicare does not cover residential treatment programs (ASAM Level 3). However, the professional services delivered by a physician or other advanced practitioner may be covered, including administration of physician-administered medications.

Medicare covers medications administered in hospital settings under the Part A benefit.

6. What if a traditional Medicare plan or MA plan says these medications are not covered?

A:

Medicare determinations about coverage are based on federal and state laws and the regulations that interpret those laws, as well as national and local coverage decisions. Currently, regulation provides that all three existing physician-administered medications are covered by Medicare. There are no existing national or local coverage determination decisions regarding these medications.

Once a clinician submits a claim for payment, provided that the prescriber fulfills the basic requirements needed for the claim to be considered complete, the Medicare Administrative Contractor (MAC) in the case of traditional Medicare or the MA plan must provide an initial coverage determination. That determination must provide the reasons for the determination, the process for obtaining additional information concerning the determination, and information on the right to obtain a redetermination.

If the MAC or MA plan determines that coverage for one of these medications is not provided, beneficiaries and prescribers have a right to request a redetermination. CMS outlines the process in this booklet for patients and clinicians [here](#). Clinicians can initiate this process on behalf of patients.

If you are a clinician completing this process on behalf of your patient and need technical assistance, please do not hesitate to reach out to ASAM at advocacy@asam.org.

7. How can I report issues with prescribing these medications for addiction?

A:

If you or your patients are having issues obtaining coverage for one or more of these products, please report it to ASAM using [this form](#) and provide as much information as possible. An ASAM staff member will reach out if additional information is required.

You can also find additional information about Medicare coverage [here](#).

About this document

This resource is provided for informational and educational purposes only. It is intended to offer ASAM members a resource on Medicare coverage of injectable medications to treat addiction. The information contained herein reflects the best available information at the time the resource was prepared. Future federal legislative or regulatory action may render certain information contained in this document out of date. ASAM does not warrant the accuracy or completeness of the resource and assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of this resource or for any errors or omissions.