Section II.G.: Medicare Coverage for Opioid Use Disorder (OUD) Treatment Services Furnished by Opioid Treatment Programs (OTPs)

In the Final Rule, CMS finalized a methodology to implement the new Medicare Part B benefit for OUD treatment services furnished by OTPs that was established by the SUPPORT Act. Starting January 1, 2020, CMS will pay OTPs through bundled payments for OUD treatment services in an episode of care provided to people with Medicare Part B. For more information and resources from CMS, click here.

The new benefit will cover OUD treatment services including:

> (1) opioid agonist and antagonist treatment medications approved by the FDA for treatment of OUD;
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> (2) dispensing and administration of such medications;
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> (3) substance use counseling, including counseling furnished via two-way interactive audio-video communication technology;
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> (4) individual and group therapy, including those furnished via two-way interactive audio-video communication technology; and
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> (5) toxicology testing, including both presumptive and definitive testing. The payment rates assume beneficiaries receive an average of two presumptive and one definitive test per month.

The bundled payment includes a medication and non-medication component. The medication component varies based on the type (oral, injectable, or implantable) and cost of the medication the patient takes. The non-medication component is based on the costs to provide non-medication services to patients. Based on comments by ASAM and others, the payment rate for the non-medication component is calculated with a building-block method of established codes and payment rates for medication administration, counseling services, etc., rather than being tied to TRICARE rates, as CMS had originally proposed. **The non-medication component will be scaled by the geographic adjustment factor (GAF) to account for geographic variations in costs and updated annually.**

In response to comments by ASAM and others, CMS created add-on codes to cover periodic changes in treatment intensity. The add-on codes can be billed for intake activities, periodic assessments, take-home doses and additional counseling or therapy sessions. (**See the table below for a complete list, description, and 2020 National Medicare payment rates for the new codes.**)

- **Only an entity enrolled with Medicare as an OTP may bill these codes. Additionally, OTPs are limited to billing only these codes describing bundled payments, and may not bill for other codes, such as those paid under the PFS.**
- The threshold to bill for the bundled payment is that at least one service in the bundle is furnished during that week.

- These codes cover episodes of care of 7 contiguous days and OTPs may not bill any of these codes for the same beneficiary more than once per 7 contiguous day period. In limited clinical scenarios a beneficiary may be appropriately furnished OUD treatment services at more than one OTP within a 7 contiguous day period, such as for guest dosing or when a beneficiary transfers care between OTPs. In these limited circumstances, each of the involved OTPs may bill the appropriate HCPCS codes that reflect the services furnished to the beneficiary.
- 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.
- All types of toxicology testing that are used for diagnosing, monitoring and evaluating the progress in treatment at the OTP are included in the definition of OUD treatment services and would be paid under the bundled payment. The bundled payment rates assume that beneficiaries will receive an average of two presumptive toxicology tests and one definitive toxicology test per month. CMS interprets the statute to require that all toxicology testing furnished by the OTP must be included in the bundled payment (i.e. G2067-G2075) or adjustments to the bundled payment (i.e. G2076-G2077) and could not be billed separately under the CLFS. CMS has elected to build the payment for these tests into the weekly bundled rates, rather than creating add-on codes, in order to avoid creating an incentive to furnish testing more frequently than needed.

CMS also created a new Place of Service (POS) 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 MAT). CMS expects that POS code 58 will be noted on claims submitted for the HCPCS G codes describing OTP services.

SAMHSA-certified and accredited OTPs that have enrolled as Medicare providers may begin billing for this bundle of services on a weekly basis effective January 1, 2020 (see summary of Section III.H below and CMS for enrollment information). The threshold to bill for the bundled payment is that at least one service in the bundle is furnished during that week, which could be administration of the drug, individual therapy, group therapy, substance use counseling, or toxicology testing. There is no limit on the duration of treatment, and no beneficiary copayment for the new OTP codes in CY2020.

OTP Final Code Descriptors and 2020 Payment Amounts

HCPCS	Descriptor (+ASAM notes)	Drug Cost	Non-drug Cost	Total Payment
G2067	Medication assisted treatment, **methadone**; weekly bundle including dispensing and/or	$35.28	$172.21	$207.49

	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)	$86.26	$172.21	$258.47
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) (+This code should be billed only during the week that the drug is administered. HCPCS code G2074, which describes a bundle not including the drug, would be billed during any subsequent weeks that at least one non-drug service is furnished until the injection is administered again, at which time HCPCS code G2069 would be billed again for that week.)	$1,578.64	$178.65	$1,757.29
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)	$4,918.98	$407.86	$5,326.84
G2071	Medication assisted treatment, **buprenorphine (implant removal)**; weekly bundle including dispensing and/or administration, substance use counseling,	$0	$427.32	$427.32

	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)	$4,918.98	$626.97	$5,545.95
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	$1,164.02	$178.65	$1,342.67
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)	$0	$161.71	$161.71
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 (+ The medical services described by these add-on codes could be furnished by a program physician, a primary care physician or an authorized healthcare professional under the supervision of a program physician or qualified personnel such as nurse practitioners and physician assistants. The other assessments, including psychosocial assessments could be furnished by practitioners who are eligible to do so under their state law and scope of licensure.)				

G2076	**Intake activities**, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment conducted 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.	$0	$179.46	$179.46
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.	$0	$110.28	$ 110.28
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. (+ SAMHSA allows a maximum take-home supply of one month of medication; therefore, CMS does not expect the add-on codes describing take-home doses of methadone and oral buprenorphine to be billed more than 3 times in one month (in addition to the weekly bundled payment))	$35.28	$0	$35.28
G2079	**Take-home supply of buprenorphine (oral);** up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid	$86.26	$0	$86.26

	Treatment Program); List separately in addition to code for primary procedure. (+ SAMHSA allows a maximum take-home supply of one month of medication; therefore, CMS does not expect the add-on codes describing take-home doses of methadone and oral buprenorphine to be billed more than 3 times in one month (in addition to the weekly bundled payment))			
G2080	Each **additional 30 minutes of counseling or group or individual therapy** 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.	$0	$30.94	$30.94

Table notes: Methadone drug costs are calculated using ASP data, oral buprenorphine drug costs are calculated using NADAC data, and the other drug costs are calculated using data from the quarterly ASP Drug Pricing Files. The payment amounts in this table are based on data files posted by CMS.

The non-drug component for the non-drug bundle is based on the sum of the rates under Medicare for the following codes: CPT codes 90832, 90853, 80305, and HCPCS codes G0396 and G0480.

For the codes that include oral medications (HCPCS codes G2067 and G2068), CMS added to that amount the rate for dispensing oral drugs using an approximation of the average dispensing fees under state Medicaid programs, which is $10.50.

For the codes that include injectable drugs (HCPCS codes G2069 and G2073), CMS added to the non-drug bundle amount the fee that Medicare pays for the administration of an injection (which is currently $16.94 under the CY 2019 non-facility Medicare payment rate for CPT code 96372).

For the codes that include implantable buprenorphine (HCPCS codes G2070, G2071, and G2072), CMS added the rates under Medicare for the insertion, removal, and insertion/removal of buprenorphine implants (which is $$246.15, $265.61, and $465.26, respectively, based on the CY 2019 non-facility Medicare payment rates for HCPCS codes G0516, G0517 and G0518).

The payment rate for HCPCS code G2076 is based on the CY 2019 non-facility Medicare payment rate for CPT code 99204 plus one presumptive toxicology test (CPT code 80305).

The non-drug component for HCPCS code G2077 is based on the CY 2019 non-facility Medicare payment rate for CPT code 99214.

The payment rate for HCPCS code G2080 is based on the CY 2019 non-facility Medicare payment rate for HCPCS code G2080 when furnished by an NPP.

The non-drug component of the bundled payment amounts and add-on payments will be geographically adjusted based on the PFS GAF.