

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202357 JUNE 1, 2023

Note: This bulletin has been corrected. Starting July 1, 2023, there will be only weekly bundles, and no daily rates. Also, G2075 was removed from this bulletin, because it is a noncovered service.

IHCP adopts weekly reimbursement bundles for OTP services

The Office of Medicaid Policy and Planning received approval from the Centers for Medicare & Medicaid Services, to pursue a State Plan Amendment altering the payment structure for Opioid Treatment Program (OTP) services by the Indiana Health Coverage Programs (IHCP).

Currently under the IHCP, OTPs (provider type 11, specialty 835) are reimbursed by using a per diem reimbursement bundle under Healthcare Common Procedure Coding System (HCPCS) code H0020 — *Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)*.

Effective July 1, 2023, the IHCP will be replacing H0020 with the weekly reimbursement bundles currently used by Medicare for the payment of opioid treatment program services.

The weekly per diem rate for OTP includes reimbursement for the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications
- Dispensing and administering MAT medications, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

The new coding bundles and billing information are featured in Table 1.



Table 1 – New codes included in the weekly reimbursement bundles

Procedure code	Description	Pricing information
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)	Max Fee: \$235.76
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)	Max Fee: \$277.00
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)	Max Fee: \$1,940.86

Table 1 – New codes included in the weekly reimbursement bundles (Continued)

Procedure code	Description	Pricing information
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)	Max Fee: \$5,384.00
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)	Max Fee: \$453.63
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)	Max Fee: \$5,604.87
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)	Max Fee: \$1,543.60
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)	Max Fee: \$185.88
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 health care professional under the supervision of a program physician 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	Max Fee: \$180.89
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	Max Fee: \$111.16
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	Max Fee: \$39.29
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	Max Fee: \$80.53
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	Max Fee: \$31.19

Medical necessity for coverage of OTPs continues to be the following:

- Individuals age 18 years and older seeking OTP services must meet the following medical necessity criteria:
 - Must be addicted to an opioid drug
 - Must have been addicted for at least one year before admission to the OTP
 - Must meet the criteria for the Opioid Treatment Services (OTS) level of care, according to all six dimensions of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria
- Individuals under the age of 18 seeking OTP services must meet the following medical necessity criteria:
 - Must be addicted to an opioid drug
 - Must have two documented unsuccessful attempts at short-term withdrawal management or drug-free addiction treatment within a 12-month period preceding admission
 - Must meet the criteria for the OTS level of care, according to all six dimensions of the ASAM Patient Placement Criteria
- The following individuals are exempt from the one-year addiction requirement:
 - Members released from a penal institution if the individual seeks OTP services within six months of release
 - Pregnant women
 - Previously treated individuals if the individual seeks OTP services within two years after treatment discharge



OTP services are covered for members enrolled in all IHCP programs, except for those in the following benefit plans:

- Individuals only eligible for Family Planning Eligibility Program
- Individuals only eligible for Package E – Emergency Services
- Individuals only eligible for Medicare Savings Programs – Qualified Medicare Beneficiary (QMB)-Only, Specified Low Income Medicare Beneficiary (SLMB)-Only, or Qualified Individual (QI)

Coverage of OTP services is subject to the restrictions outlined, and individuals must meet the defined medical necessity criteria. Prior authorization is not required for OTP services. However, providers must maintain documentation demonstrating medical necessity and that the coverage criteria were met, as well as indicating the individual's length of treatment.

QUESTIONS?

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