



Reimbursement Policy for Opioid Treatment Service

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare requires the proper documentation of medical necessity and valid diagnosis codes for reimbursement of opioid treatment, billed from an approved place of service. To understand the coverage guidelines, limitations, and medical necessity criteria, please refer to the [Medicaid Opioid Treatment Programs \(OTP\)](#)

Professional claims must include Opioid Treatment Program services performed with a place of service code 58, along with the appropriate HCPCS G-code(s) listed below:

- G2067
- G2068
- G2069
- G2070
- G2071
- G2072
- G2073
- G2074
- G2075
- G2076
- G2077
- G2078
- G2079
- G2080
- G2215* (with limitations)
- G2216* (with limitations)
- G1028* (with limitations)

The correct procedure codes and corresponding diagnosis codes must be submitted as outlined in the [CMS OTP billing and payment fact sheet](#) and section 40.1.1-F-3 of [CMS R11792bp - Opioid Treatment Programs](#).

Reimbursement Guidelines:

To receive reimbursement for professional claims related to Opioid Treatment Services, you must submit claims with the correct billing and diagnosis codes, along with the approved place of service as per this policy. Reimbursement rates are determined based on the applicable fee schedule or the terms outlined in the provider contract agreement. Charges submitted without supporting evidence of medical necessity and/or correct diagnosis codes will not be included in the final payment calculation.



Molina Healthcare reserves the right to review all claim payments and recover any overpaid amounts based on contractual rates. Claims not billed correctly may be denied or subject to recovery.

Limitations and Exceptions:

Payment for HCPCS code G2215 and G2216 is limited to once every 30 days. Exceptions are allowed in the case of beneficiary overdose and the need for an additional supply within 30 days.

Payment for add-on HCPCS code G1028 is also limited to once every 30 days unless an additional take-home supply of the medication is medically reasonable and necessary.

Only an entity enrolled with Medicare as an OTP can bill using the codes included in this policy. OTPs are limited to billing only these codes describing bundled payments and may not bill for other codes paid under the payment fee schedule.***

This text condenses the information while maintaining clarity and readability.

Supplemental Information

Definitions

| Term | Definition |
|--------|---|
| CMS | Centers for Medicare & Medicaid Services is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. |
| OTP | Opioid Treatment Programs |
| G-Code | Codes which are used to report a beneficiary's functional limitation being treated and note whether the report is on the beneficiary's status, projected goal status, or discharge status. |
| HCPCS | Healthcare Common Procedure Coding System |

State Exceptions

| State | Exception |
|-------|-----------|
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Documentation History

| Type | Date | Action |
|--------------|------|--------|
| Published | | |
| Revised Date | | |

References

| State/Agency | Document Name/Description | Link/Document |
|--------------|--|---|
| CMS | <ul style="list-style-type: none"> Professional Providers - Place of Service (POS) code 58 Opioid Treatment Programs | MLN8296732 Opioid Treatment Programs (OTPs) Medicare Billing & Payment Booklet (cms.gov) CMS - Chapter 39 - Opioid treatment programs-Section 30.6 |



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|----------------------|--|---|
| | <ul style="list-style-type: none"> Medicare Benefit Policy Manual – Chapter 17 - OTP | CMS Pub 100-02 Chapter 17 - Opioid Treatment Programs (OTPs) Section 40.1.1-F-3 |
| Novitas Solutions | Coding and Billing - Place of service 58 should be used to indicate a non-residential opioid treatment facility. | Opioid Specialty Page - Webinar Questions and Answers (novitas-solutions.com) |
| Noridian | Special place of service (POS) 58 | Opioid Treatment Program (OTP) - JE Part B |
| SAMHSA | Medication Unit | Federal Guidelines for Opioid Treatment Programs (samhsa.gov) - Page 12 |
| UT – Other Reference | Non-residential Opioid Treatment Facility (Place of Service 58) | University of UT - Non-residential Opioid Treatment Facility (POS 58) |