



Opioid Treatment Programs

Billing fact sheet

If your opioid treatment program (OTP) clinic is set up to bill with a rendering provider on the claim, for Commercial and Medicare, you must bill with the Supervising prescriber as rendering provider on the claim.

OTPs must bill with the primary diagnosis of opioid use disorder (F11. XX).

OTPs must use place of service code of 58.

OTP reimbursements (methadone and buprenorphine) for Medicare and Commercial are weekly units (1 unit= 7 days/4 units = 28 days).

Medicare – Naltrexone (G2073) is billed 1 unit every 28 days with G2074 being billed weekly for up to 3 units.

Commercial – Naltrexone is billed with 1 monthly unit of H0047 every 28 days.

OTP commercial take-home medication may be billed with the UA modifier. This is not necessary for Medicare OTP, which has a discreet take home G code.

OTP Medicare codes include the medication (G2067, G2068). If you bill a take-home code (G2078, G2079) in addition to the primary code, the payment system will recognize the take-home as an additional 7 days. G2067 + G2078 = 14 days.

OTP services require an administrative authorization. Authorizations will be provided for 26 weeks upon request. It is up to the provider and member to assure continuous eligibility in the event the member changes plans or loses eligibility. An authorization is not a guarantee of payment if the member leaves the plan.

Medicaid plans will differ by state and do not follow the reimbursement methodologies as commercial or Medicare.

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