

Magellan Billing Instructions Opioid Use Disorder (OUD) Treatment Services

Opioid Treatment Program (OTP) Medication-Assisted Treatment (MAT) weekly bundled codes		
HCPCS	Code Service Description	Note
G2067 *	MAT, methadone , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	
G2068 *	MAT, buprenorphine (oral) , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	
G2069 *	MAT, buprenorphine (injectable) , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	Consistent with FDA labeling, this code should generally not be billed more than once every four weeks.
G2070 *	MAT, buprenorphine (implant insertion) , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	Consistent with FDA labeling, this code should generally not be billed more than once every six months.
G2071	MAT, buprenorphine (implant removal) , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	
G2072 *	MAT, buprenorphine (implant insertion and removal) , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	Consistent with FDA labeling, this code should generally not be billed more than once every six months.
G2073 *	MAT, naltrexone , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	Consistent with FDA labeling, this code should generally not be billed more than once every four weeks.
G2074	MAT, weekly bundle not including the drug , including dispensing and/or admin, substance use counseling and toxicology testing if performed	This code is billed if no drug was provided to the member during the weekly episode.
G2075	MAT, medication not otherwise specified , weekly bundle including dispensing and/or admin, substance use counseling and toxicology testing if performed	This code should not be billed unless the FDA approves a new MAT drug for the treatment of OUD.
* This bundled code includes drug component.		
Opioid Treatment Program (OTP) Medication-Assisted Treatment (MAT) intensity add-on codes		
G2076	Intake activities, including medical exam by physician or authorized healthcare professional, including treatment plan preparation and supportive services; list separately in addition to code for primary procedure	This code should only be billed for members new to the OTP.
G2077	Periodic assessment by qualified personnel; list separately in addition to code for primary procedure	
G2078 *	Take-home supply of methadone ; up to seven additional day supply; list separately in addition to code for primary procedure	This code should be billed in conjunction with G2067; it should not be billed more than three times in one month.
G2079 *	Take-home supply of buprenorphine (oral) ; up to seven additional day supply; list separately in addition to code for primary procedure	This code should be billed in conjunction with G2068; it should not be billed more than three times in one month.
G2115	Take-home supply of nasal naloxone ; list separately in addition to code for primary procedure	

G2116	Take-home supply of injectable naloxone; list separately in addition to code for primary procedure	When submitting a claim for HCPCS code G2216, OTPs must note the dosage that was dispensed to the beneficiary in the units field of the claim form (box 24G of the 1500 or Form Locator 46 of the UB-04), rounded to the nearest whole number (with a minimum dosage of 1mg).
G2080	Each additional 30 minutes of counseling in a week of medication-assisted treatment; list separately in addition to code for primary procedure	This code may be billed only when counseling services are furnished that substantially exceed the amount specified in the patient’s treatment plan.

* This add-on code represents drug component only.

Notes:

1. Claims submissions:

- **OTP providers billing on the 837P transaction or CMS-1500 form,** use Place of Service code “58” for non-residential opioid treatment facilities.
- **Hospital-based OTP providers billing on the 837I transaction or UB-04 form,** use Type of Bill (TOB) 013X or 085X and revenue codes 090x – 091x, 0949.
- **Free-standing Non-residential OTPs billing on the 837I transaction or UB-04 form,** use Type of Bill 087X and revenue codes 090x – 091x, 0949.

2. Minimum threshold for billing weekly bundle services: The threshold to bill a full episode of the weekly bundle service is at least one service (from either the drug or non-drug component) is provided to the member during the episode of care.

3. Telehealth and audio-only telephone calls:

- CMS revised regulation text to allow audio-only telephone calls for the therapy and counseling portions of the weekly bundles and the add-on code for additional counseling or therapy (HCPCS code G2080) for beneficiaries with opioid use disorders, provided all other requirements are met.
- Providers may conduct the periodic patient assessments (HCPCS code G2077) via two-way interactive audio-video communication technology or by telephone only in cases where the beneficiary does not have access to two-way interactive technology.

4. Modifiers:

- **License level modifiers:** G2076, G2077 should include the license level modifier for the prescribing provider; G2080 should include the license level modifier for the provider performing the counseling service as follows:
 - AF, AG – physicians
 - SA – clinical nurse specialists, physician assistants
 - AH, HP – psychologists, doctoral level
 - AJ – social workers
 - HO – master’s degree level
- **Telehealth modifiers:** If G2077 or G2080 are provided via telehealth, the license level modifier should be inserted in the first modifier field and the telehealth modifier (GT or 95) in the second modifier field.

5. See CMS OTP Medicare Billing and Payment Fact Sheet for additional billing and frequency of use guidelines:

<https://www.cms.gov/files/document/otp-billing-and-payment-fact-sheet.pdf>

**Office-Based Treatment
Substance Use Disorder (SUD) bundled services**

G2086	Office-based treatment for substance use disorder, including treatment plan development, care coordination, therapy and counseling; at least 70 minutes in the first calendar month	Monthly bundled service for SUD treatment services provided in office or via telehealth
G2087	Office-based treatment for substance use disorder, including care coordination, therapy and counseling; at least 60 minutes in a subsequent month	Monthly bundled service for SUD treatment services provided in office or via telehealth
G2088	Office-based treatment for substance use disorder, including care coordination, therapy and counseling; each additional 30 minutes beyond the first 120 minutes; list separately in addition to code for primary procedure	
Q3014	Telehealth originating site facility fee (facility where patient is sitting)	This code cannot be billed when the originating site is the member's home.

Notes

1. **G2086 and G2087 codes** are monthly bundled SUD treatment services representing plan development, care coordination and therapy services provided in the office or via telehealth. These codes should not be billed for members receiving MAT services at an OTP.
2. **Modifiers:** Providers billing the G2086, G2087 and G2088 services should insert the appropriate license level modifier in the first modifier field, and if the service is provided via telehealth, the telehealth modifier (GT or 95) in the second modifier field.
3. **Telehealth Services Provider Attestation:** Magellan requires completion and return of this document for provision of all telehealth services.
4. **Telehealth** is defined by Magellan as a method of delivering behavioral health services using interactive telecommunications when the member and the behavioral health provider are not in the same physical location. Telecommunications **MUST** be the combination of audio and live, interactive video.
5. **Telehealth distant site providers** are defined as the site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.
6. **Originating site providers** are defined as the location of the member at the time that the service being furnished via a telecommunications system occurs.
7. All codes/services listed are subject to the provisions and limitations of the member's benefit plan including authorization requirements. Nothing in this document should be construed as altering member's benefits.