

Magellan Billing Instructions

Opioid Use Disorder (OUD) Treatment Services

Opioid Treatment Program (OTP)		
Medication-Assisted Treatment (MAT) weekly bundled codes		
HCPCS	Code Service Description	Notes
G0533	MAT, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	
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) , administered on a monthly basis; 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.
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.
+G0137	Intensive outpatient services ; weekly bundle, minimum of 9 services over a 7 contiguous day period	This code is billed to cover episodes of care lasting 7-days in a row.
* 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	This code should only be billed for members new to the OTP.
+G2077	Periodic assessment by qualified personnel	
+G2078*	Take-home supply of methadone ; up to seven additional day supply	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;	This code should be billed in conjunction with G2068; it should not be billed more than three times in one month.
+G2215	Take-home supply of nasal naloxone ; 2-pack of 4mg per 0.1 mL nasal spray	
+G2216	Take-home supply of injectable naloxone	
+G1028	Take-home supply of nasal naloxone ; 2-pack of 8mg per 0.1 mL nasal spray	
+G0532	Take-home supply of nasal nalmefene hydrochloride ; one carton of two, 2.7 mg per 0.1 mL nasal sprays	
+G2080	Each additional 30 minutes of counseling in a week of medication-assisted treatment	This code may be billed only when counseling services are furnished that substantially exceed the amount specified in the patient's treatment plan.

+G0534	Coordinated care and/or referral services , such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes	
+G0535	Patient navigational services , provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-advocacy and communication skills with care providers, and to promote patient-driven action plans and goals; each additional 30 minutes	
+G0536	Peer recovery support services , provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet MOUD treatment and recovery goals; conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and proposing strategies to help meet person-centered treatment goals; assisting the patient in locating or navigating recovery support services; each additional 30 minutes	

* This add-on code represents drug component only.

Notes

1. **Claims submission:** OTP providers may use the 837P or 837I transaction for electronic claims or the CMS-1500 or the CMS-1450 form for paper claims.
2. **Minimum threshold for billing weekly bundled services:** The threshold to bill a full episode of the weekly bundled 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 OTP services:** CMS permits telehealth and audio-only telephone calls for G0276, G2077, G2080 and for the therapy and counseling portions of the following weekly bundled codes: G0533, G2067 – G2069, G2073 – G2075.
4. **Telehealth Services Provider Attestation:** Magellan requires completion and return of this document for provision of all telehealth services.
5. **Magellan defines telehealth** 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 is the combination of audio and live, interactive video or can be audio-only, as permitted by CMS.
6. **Audio-only services:** CMS allows some services to be furnished as audio-only when the member does not have access to two-way audio-visual communication technology or did not consent to its use.
7. **Modifiers:** OTP providers billing G2076, G2077 and G2080 should insert the appropriate license level modifier for the provider performing the service in the first modifier field, and if G2077 and G2080 are provided via telehealth or audio-only services, insert the telehealth modifier (GT or 95) or audio-only modifier (FQ or 93) should be included in the second modifier field.
8. **Place of service (POS) codes:**
 - Services performed at OTPs should be billed with the POS code 58 non-residential opioid treatment facilities.
 - Telehealth or audio-only services provided when the member is located in their home should be billed with POS code 10.
 - Telehealth or audio-only services provided when the member is at a location other than their home should be billed with POS code 02.
9. For additional billing and frequency of use guidelines, please see CMS OTP Medicare Billing and Payment Fact Sheet: <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;	
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 <ol style="list-style-type: none"> 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. Telehealth Services Provider Attestation: Magellan requires completion and return of this document for provision of all telehealth services. Magellan defines telehealth 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 is the combination of audio and live, interactive video or can be audio-only, as permitted by CMS. Telehealth and audio-only services: CMS allows G2086, G2086 and G2087 to be provided via telehealth or as audio-only when the member does not have access to two-way audio-visual communication technology or did not consent to its use. 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 or audio-only services, the telehealth modifier (GT or 95) or audio-only modifier (FQ or 93) in the second modifier field. Place of service (POS) codes: All telehealth or audio-only services submitted on an 837p transaction or CMS 1500 form must include the appropriate telehealth POS code: <ol style="list-style-type: none"> Telehealth or audio-only services provided when the member is located in their home should be billed with POS code 10. Telehealth or audio-only services provided when the member is at a location other than their home should be billed with POS code 02. Distant site refers to where the provider delivering the service is located at the time of the service. Originating site refers to where the member is located at the time of the service. Q3014 performed by telehealth originating site providers should not be billed in conjunction with the telehealth or audio-only modifiers. This code cannot be billed if the member is located in their home. 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 benefits. 		