

**Draft response to 2.26.2016 Request From Opioid Treatment Programs (OTPs)**  
**Re: Medicaid Coverage of Buprenorphine MAT and ECG/EKGs for Methadone patients**  
**For Review at 4.19.16 Meeting**

**1. Medicaid payment for daily medication administration and observation associated with Buprenorphine based medications.**

In early versions of the draft coding and rate chart developed to support the Ohio Medicaid Behavioral Health Redesign project, Healthcare Common Procedure Coding System (HCPCS) code H0033 – “oral medication administration, direct observation” was included by the state as a placeholder. In subsequent versions, this code was removed due to redundancy. OTPs have identified the removal of H0033 and have requested that Medicaid reinstitute H0033 as a billing code specifically for OTPs to use when providing daily medication administration of Buprenorphine based medications. Ohio Medicaid is revising its coverage policy associated with Buprenorphine based medications to include, beginning with services provided on and after January 1, 2017, covering the medication and professional component associated with daily administration of Buprenorphine based medications performed by OTPs.

**a. Evaluation and Management (E/M) Office Visit Services in conjunction with administering a Buprenorphine based medication.**

When a client is being seen by a medical practitioner for an E/M office visit and a daily dosage of a Buprenorphine based medication is administered, the OTP should bill the appropriate E/M code within the ranges 99211-99215 for an established patient. 99201-99205 (for a new patient) would be used for the induction phase of medication assisted treatment using Buprenorphine based medications. If the rendering medical practitioner is a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), then the only E/M code available for billing their nursing services encounter when a Buprenorphine based medication is also administered is 99211. However, if the RN or LPN is working to assist a higher level medical practitioner (MD, DO, APRN or PA) and their nursing activities are “incident to” the higher level medical practitioner, then the E/M code should be billed with the higher level medical practitioner as the named “rendering” provider. The Buprenorphine based medication being administered should be billed in addition to the E/M code using the appropriate J code: J0571, J0572, J0573, J0574, or J0575 and National Drug Code (NDC).

**b. Daily administration of a Buprenorphine based medication only, no associated E/M Office Visit.**

When a client is **only** administered their daily dosage of a Buprenorphine based medication, T1502 “Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit” would be used.

**c. Therapeutic Behavioral Services (TBS) or Psychosocial Rehabilitation (PSR) Codes for Nursing Activities rendered by LPNs or RNs.**

The Ohio Department of Medicaid is also allowing the use of the TBS HCPCS code H2019 for RN nursing activities or the PSR HCPCS code H2017 for LPN nursing activities that don’t

qualify for billing under CPT 99211. The likely usage of these HCPCS codes is for nursing services provided in a home or community based setting since 99211 is an office code. Therefore, it is unlikely that OTPs would use these codes for administering the daily dosage of a Buprenorphine based medication.

**2. Administration of Electrocardiograms for Methadone Patients.**

The Ohio Department of Medicaid recognizes the medical efficacy of monitoring cardiac health for patients receiving methadone and will begin paying OTPs to administer ECG/EKGs provided on and after January 1, 2017 as recommended by the SAMHSA guidelines and in accordance with the OTP specific Cardiac Risk Management Plan.

**3. Medicaid Payment for Unsupervised Approved Use (Take-Home) of Medication.**

The Ohio Department of Medicaid will cover unsupervised approved use (take-home) doses of opioid agonists when provided in accordance with the March 2015 SAMHSA issued "[Federal Guidelines for Opioid Treatment Programs](#)".

**Patients receiving Methadone Maintenance Therapy.**

a. The patient meets the requirements in 42 CFR § 8.12 (h) (4) (i).

Patient Time In Treatment	Maximum Take-Home Medication Permissible (not guaranteed)
1 – 90 days	1 take-home per week and 1 take-home from program closure for State and Federal holidays and 1 take-home if the program is closed for business on Sundays.
91 – 180 days	2 take-homes per week and 1 take-home from program closure for State and Federal holidays and 1 take-home if the program is closed for business on Sundays.
181 – 270 days	3 take-homes per week and 1 take-home from program closure for State and Federal holidays and 1 take-home if the program is closed for business on Sundays.
271 – 365 days	6 take-homes per week (patient reports to OTP once a week).
After one year (366+ days)	Up to 14 take-homes (patient reports to OTP twice a month).
After two years (730+ days)	Up to 31 take-homes (patient reports to OTP once a month).

- b. The unsupervised use of medication (take-home) outside of the time in treatment in the chart above must be approved through the SAMHSA Exception Request and Record of Justification ([SMA-168](#)) process.
- c. Only one medication administration visit may be billed per day regardless of the number of unsupervised take-home doses dispensed.
- d. Each of the unsupervised take-home doses dispensed should be billed on the date on which the patient is to take them.

**Patients receiving Buprenorphine Based Medication Therapy.**

- a. Effective January 7, 2013 the time in treatment requirements for patients receiving buprenorphine based medications was terminated. Patients receiving buprenorphine based medication therapy may receive unsupervised take-home medication supplies as determined by an OTP program physician and as supported by medical documentation.