

OASAS Buprenorphine Reimbursement in OTP

Clinical Guidelines:

Opiate agonist (methadone) and partial agonist (buprenorphine) medications can each be dispensed by Opioid Treatment Programs certified by OASAS in accordance with the federal guidelines. Individuals should have a patient-centered treatment plan that includes a thorough assessment of medical, psychological and social functioning. Each individual must have an individualized treatment plan based on the assessment that includes:

- An individual take home schedule that is the least restrictive allowable – no person should have a higher pick-up schedule than is medically necessary. Both the individual functioning and safety profile of the medication should be considered. Time in treatment requirements no longer apply, permitting greater flexibility than when determining an individual's methadone take home schedule (see SAMHSA "Dear Colleague" letter to OTPs on buprenorphine and take home schedule).
- A plan of individual, group and family therapy with goals that are directly related to the strengths, values and areas of functional deficit documented in the assessment.
- Toxicology testing as indicated by the assessment and current functioning of the individual.
- Treatment should be designed to promote the highest level of independent individual functioning the person can reach and utilize a full range of clinical and social supports.
- OASAS will review program performance, including take home schedules, treatment planning, and clinical policies related to the use of toxicology screens to determine overall quality of care provided to individuals.

Billing for Buprenorphine:

Programs will be able to bill for services through APG methodology for services and medication costs retroactive to January 2014. Programs will submit a visit based service payment claim using the four digit weekly OTP APG rate code (1564) in the claim header. Medication: Since Buprenorphine acquisition has a higher cost than methadone, programs may bill for the acquisition cost of the medication dispensed to each patient by including the billing code J0592 on the weekly claim with the number of units of medication dispensed as follows:

If the patient attends on at least a weekly basis the program will include the medication administration (for each day that the patient received a medication administrations), individual, group, family therapy and other services per the APG billing manual plus the J0592 with the number of units delivered.

Each unit equals 8 mgs of buprenorphine medication dispensed. So a patient who attended one time per week and for whom the physician ordered 16 mgs of medication per day. The program will bill:

- One H0033 – medication administration with the KP modifier indication that it is the first med admin of the week
- 14 units of J0592 or 2 (8mg units) per day times the number of days
- The program will also need to add the NDC code and the actual acquisition cost on the medication line in the charges field.
- Any other service delivered to the patient for each service date during the week.

Many patients receiving buprenorphine will decrease pick up schedule as they become more stable. Some patients will only need to pick-up medication on a monthly basis. In this scenario – the program will need to submit a weekly bill for each week of the month in which the patient attends the clinic and will bill for as many units of medication as were picked up at that visit. For example:

Patient attends the clinic on April 15th and picks up medication for 28 days with an order for 16 mgs per day dosing. The program will submit a bill for the each week of the month.

Week 1 claim would include:

- One H0033 medication administration with the KP modifier indicating that this was the first medication administration of the week.
- 14 units of J0592 or 2(8 mg units) times 7 days
- The program will also need to add the NDC code and the actual acquisition cost on the medication line in the charges field.
- Any service delivered to the patient on that service date

Week 2 claim would include:

- 14 units of J0592 or 2(8 mg units) times 7 days
- The program will also need to add the NDC code and the actual acquisition cost on the medication line in the charges field.

Week 3 claim would include:

- 14 units of J0592 or 2(8 mg units) times 7 days
- The program will also need to add the NDC code and the actual acquisition cost on the medication line in the charges field.

Week 4 claim would include:

- 14 units of J0592 or 2(8 mg units) times 7 days
- The program will also need to add the NDC code and the actual acquisition cost on the medication line in the charges field.

If you have any questions, please email them to the APG Mailbox at APG@oasas.ny.gov .