



**Medicaid Billing Guidance for NYS Opioid Treatment Programs (OTPs) Programs  
Operating During the COVID-19 Emergency – Beginning March 16, 2020  
(Revised Guidance – 3/15/21 – Revisions Highlighted in Red)**

**Important Note:** The new rate codes being provided to OTPs will facilitate the reduction in face-to-face encounters between patients and OTP staff during the COVID-19 emergency, and yet ensure adequate reimbursement consistent with the services delivered. The rates of payment are based on the Medicare bundles for weekly rates. The expectation is that as much as practicable and clinically permitted, patients will be seen face-to-face only once every 28 days, with that contact being for the purpose of distribution of take-home medication. Billing shall be weekly. For each week of service, that week being defined by its Monday start date, the provider may bill a given patient under either the existing APG methodology or the new alternative methodology described below, **but not both**. For each week, only one rate code is billable for a given patient. OASAS will monitor programs to ensure compliance with this billing guidance. Providers will be subject to audit and recoveries for any billing that is inconsistent with this guidance.

The effective date for these rate codes is March 16, 2020. If all guidelines detailed below have been followed by the provider, the provider may, at their option, retroactively adjust an already submitted APG claim to one of the new rate codes.

There are eight new rate codes, four for freestanding programs (designated by Category of Service 0160) and four for hospital programs (designated by COS 0287). These rate codes should only be used for patients who are on at least a weekly take-home schedule:

**Rate Codes 7969 (COS 0160) and 7973 (COS 0287) – Methadone Dispensing or Counseling, Rate of Payment \$207.49 per Week**

These rate codes apply only to a week with either:

1. face-to-face medication dispensing of at least a 7-day supply of methadone; however, dispensing of a 28-day supply is the expectation during the COVID-19 emergency period unless a compelling clinical justification exists for dispensing less; and/or



2. any OTP service delivered using telepractice and meeting minimum programmatic requirements (see the links at the end of this document). Such services include medication administration, counseling, peer services, and assessments.

Use only a single procedure code on the claim, G2067, “medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing”. Again, APG billing is still an option, but you may not submit both an APG claim and a claim under one of the new rate codes. If using APGs, code the claim as you normally do for APG billing.

**Rate Codes 7970 (COS 0160) and 7974 (COS 0287) – Methadone Administration, Rate of Payment \$35.28 per Week**

This rate code applies to any week during which dispensing, med admin, or counseling did not occur, but the patient still had available a supply of previously dispensed methadone. **Code only G2078. The previous guidance mandated code H0020. Providers may still use H0020 at their discretion, but G2078 is recommended.) Do not code more than one procedure code.** No face-to-face or telemedicine (including telephonic) contact is required to bill this rate code.

NOTE: Providers are strongly encouraged to conduct some sort of weekly med admin telephonic or telemedicine contact with patients who are managing large increases in take-home doses of methadone. If that type of contact occurs, bill the bundle rate code (7969 or 7973)

**Rate Codes 7971 (COS 0160) and 7975 (COS 0287) – Buprenorphine Dispensing or Counseling, Rate of Payment \$258.47 per Week**

The same rules apply as those for rate codes 7969 and 7973, except these codes are for buprenorphine patients as opposed to methadone patients.

Use only a single procedure code on the claim, G2068, “medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing”. Again, APG billing is still an option, but you may not submit both an APG claim and a claim under one of the new rate codes. If using APGs, code the claim as you normally do.

**Rate Codes 7972 (COS 0160) and 7976 (COS 0287) – Buprenorphine Administration, Rate of Payment \$86.26 per Week**

This rate code applies to any week during which face-to-face dispensing, telephonic med admin, or telepractice counseling did not occur, but the patient still had available a

supply of previously dispensed buprenorphine. Code only G2079. The previous guidance mandated code H0033. Providers may still use H0033 at their discretion, but G2079 is recommended.) Do not code more than one procedure code.

NOTE: Providers are strongly encouraged to conduct some sort of weekly med admin telephonic or telemedicine contact with patients who are managing large increases in take-home doses of buprenorphine. If that type of contact occurs, bill the bundle rate code (7971 or 7975)

### **Additional guidance on choosing between the COVID bundles and APGs:**

The intent of the COVID bundle rate codes is to minimize face-to-face contact so generally they should be used only when there is but a single face-to-face contact during the week (or all contact is telephonic). However, on an exception basis, dispensing rate codes 7969, 7973, 7971, and 7975 can be billed if take home medications were given and it was clinically appropriate and necessary to have additional face-to-face contact during the week. In that case, one of the four listed dispensing rate codes may be billed or APGs may be billed, at the provider's option.

### **Billing Example:**

During week one of a four-week period, the provider (a freestanding OTP) sees the patient on Wednesday of the first week and dispenses a 28-day supply of methadone. During week two there is no further contact. During week three, the provider does counseling using telemedicine. During week four there is no face-to-face contact, but there is telephonic med admin contact

Week 1 – Bill 7969, using G2067, and a Monday date of service. Do not bill APGs.

Week 2 – Bill 7970, using G2068 (or H0020), and a Monday date of service. Do not bill APGs.

Week 3 – Bill 7969, using G2067, and a Monday date of service. Do not bill APGs.

Week 4 – Bill 7969, using G2067, and a Monday date of service. Do not bill APGs.

## Using the Emergency COVID-19 Rate Codes for Dual Eligibles – First Bill Medicare!

There is no authority for OASAS to price claims submitted under these rate codes using the Medicaid “higher of” logic (meaning if the Medicaid rate is higher than the Medicare rate Medicaid will pay the difference). Therefore, the only reason for a provider to bill both Medicare and Medicaid for services provided to a dual-eligible person under the eight OTP COVID rate codes (7969 – 7976) would be to obtain the “patient responsibility” (coinsurance, copayment, deductible). Because FFS Medicare does not require a copay or coinsurance for these services, typically, only Medicare should be billed, and the Medicaid COVID bundle rate codes should not be used. This will save State dollars and thereby maximize the New York State funds available to providers. *In fact, in virtually all cases, Medicare will pay more than Medicaid for these service bundles, so crossover typically does not provide any additional funding – except when a deductible is involved.* Therefore, OASAS is issuing the following guidance effective Monday, April 5, 2021 (but not retroactively):

**Providers serving duals under the Medicaid OTP COVID bundles service delivery rules must first bill Medicare and should cross the claim over to FFS Medicaid against any Medicaid OTP COVID bundle rate code (7969 – 7976) only if there is additional reimbursement to be obtained in terms of patient responsibility. If the provider is providing service to a dual under the APG rules for service delivery and billing, they may cross the claim over under an APG rate code.**

NOTE: It has come to our attention that Medicare Advantage Plans may be charging coinsurance and/or copays. In cases where that occurs, the claim may be crossed over to Medicaid (FFS or MMC) to obtain the patient responsibility. OASAS is researching this issue with CMS.

### **Additional information on telemedicine:**

[Telepractice Waiver Guidance](#)

[Telepractice Attestation](#)

[Telepractice Waiver Update](#)

[Telepractice Waiver Update March 2020 18](#)

[Telepractice FAQ's](#)

### **Additional COVID-19 guidance for OTPs:**

[COVID 19 Guidance for OTP's](#)

### **Summary Table of New COVID-19 Rate Codes**



### OASAS OTP COVID-19 Emergency Rate Codes

- **IMPORTANT:** The new OTP Codes **ARE NOT** included in the New York State APG Grouper-Pricer. Medicaid Managed Care plans **must configure each provider's claiming profile to include the new OTP rate codes.**

Rate Code Description OASAS OTP	Rate Code	COS /Type	Payment
<b>Methadone Dispensing or Counseling, Rate of Payment \$207.49 per Week</b>	7969	0160 Freestanding	\$207.49/week
	7973	0287 Hospital	\$207.49/week
<b>Methadone Administration, Rate of Payment \$35.28 per Week</b>	7970	0160 Freestanding	\$35.28/week
	7974	0287 Hospital	\$35.28/week
<b>Buprenorphine Dispensing or Counseling, Rate of Payment \$258.47 per Week</b>	7971	0160 Freestanding	\$258.47/week
	7975	0287 Hospital	\$258.47/week
<b>Buprenorphine Administration, Rate of Payment \$86.26 per Week</b>	7972	0160 Freestanding	\$86.26/week
	7976	0287 Hospital	\$86.26/week

Questions can be directed to [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov)

