



Opioid Treatment Program (OTP) Reimbursement Policy – Commercial & Medicare

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, **Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case.** Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

Proprietary information of Optum. Copyright 2025 Optum.

Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and to electronic claim submissions (i.e., 837p) and for claims submitted online through provider portals. This policy applies to all Commercial, Medicare, Individual Exchange benefit plan products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This reimbursement policy articulates Optum's Behavioral Health policy regarding reimbursement for Opioid Treatment Programs (OTPs). Effective January 1, 2020, based on CMS, Substance Abuse and Mental Health Services Administration (SAMHSA) and Food and Drug -FDA-approved treatment medication guidelines, Optum will reimburse for OTPs through bundled payments once a week for Opioid Use Disorder (OUD) treatment services provided by either institutional or professional providers.

What providers are eligible to provide commercial OTP services?

- Must be certified and accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an OTP

What providers are eligible to provide Medicare OTP Services?

- Must be certified and accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an OTP
- Must have a Medicare OTP provider number and be listed on the CMS OTP site

Reimbursement Guidelines

Commercial In Network Only Opioid Treatment Programs can bill for the below HCPC Codes. Out of network OTP providers must bill fee for service

Effective January 1, 2021 OTP services weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing (Commercial Only)

H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H0033	Oral medication administration, direct observation buprenorphine (oral)
H0047	Alcohol and/or other drug services, naltrexone (oral & monthly injection)

Medicare Only Effective January 1, 2020 OTP services weekly bundle including dispensing and/or administration, substance use counseling, individual/group therapy, and toxicology testing if performed(provision of the services by a Medicare-enrolled OTP)

Notification will be required for G2067, G2068, G2073. The other G codes are payable without a notification

Frequency of Use and Other Billing Guidelines: Can not be billed more than once per 7 contiguous days for the same member

G2067	Medication assisted treatment, methadone
G2068	Medication assisted treatment, buprenorphine (oral)
G2073	Medication assisted treatment, naltrexone (oral & monthly injection) *May not be billed more than once every 4 weeks (28 days)
G0137- Requires authorization	Intensive outpatient services; minimum of 9 services within 7-day contiguous period; G0137 is payable with either G2067 or G2068 or G2073 or as a stand-alone service

For members completing treatment and/or no longer receiving medication from the OTP, the code G2074 may be billed weekly without notification, until the member transitions out of the OTP setting.

G2074	Medication assisted treatment, weekly bundle – not including the drug *Compatible to be billed with G2073, G2078, G2079 or as a standalone for members who may be completing treatment
-------	---

Medicare Only Add-on codes - List separately in addition to code for primary procedure – No Prior Authorization required	
G0532+ (New Code effective 1/1/2025)	Take-home supply of nasal nalmefene HCl; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code); Limit billing to once every 30 days
G0534+ (New Code effective 1/1/2025)	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 of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code); Add-on code to describe coordinated care and referral services
G0535+ (New Code effective 1/1/2025)	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 of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code); OTP code for patient navigation service, similar to PINS G0023
G0536+ (New Code effective 1/1/2025)	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 of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code); OTP code for peer support services
G2076+	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment conducted by *Can be billed at the start of any OTP treatment episode (billed for new patients starting and readmitting to treatment at an OTP). Payable if the member switches to a new OTP program
G2077+	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment. Should be billed with a Treatment Plan update
G2078+	Take-home supply of methadone; up to 7 additional days of medication and may only be billed with G2067 (methadone weekly episode of care) *May not be billed with more than 4 units (for a total of up to 28 days of take-home doses) SAMHSA allows a maximum of 28 unsupervised take home doses of medication under revised OTP policy-post covid. Therefore, the add-on codes describing take-home doses of methadone should not be billed any more than 4 weekly units(in addition to the weekly bundled payment). The date of service for the take home supply should be the date the member received the take home doses.
G2079+	Take-home supply of buprenorphine (oral); up to 7 additional day supply may only be billed with G2068 (buprenorphine weekly episode of care)

	*May not be billed with more than 4 units (for a total of up to 28 daily doses of take-home supply) SAMHSA allows a maximum take-home supply of 4 weeks of medication; therefore, the add-on codes describing take-home doses of oral buprenorphine should not be billed any more than 4 units (in addition to the weekly bundled payment). The date of service for the take home supply should be the date the member received the take home doses.
G2080+	May be billed when counseling or therapy services are furnished that substantially exceed the amount specified in the patient's individualized treatment plan. OTPs are required to document the medical necessity for these services in the patient's medical record. Each additional 30 minutes of counseling in a week of medication assisted treatment over and above standard counseling hours of 120 minutes Effective January 1, 2022 the use of modifier 95 can be appended for counseling and therapy add-on code G2080 when furnished via an audio-only interaction
Medicare Only- Effective January 1, 2021 OTP Services	
G2215	Take home of nasal naloxone; 2 pack 4 mgs
G2216	Optum will not reimburse for the take home supply of injectable naloxone and will only reimburse \$2.53 (injections should be billed too medical)
Medicare Only – Effective January 1, 2022	
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 mL nasal spray
Medicare Only billed to Medical - Medication Assisted treatment Codes	
G2069- Billed to medical plan only	Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).
G2075 – Place biller code not billable at this time	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G0533 – Billed too medical only	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).
Medicare Only – Office-Based Treatment of Opioid Use Disorder - Effective January 1, 2020	
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
G2088+	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)
Please Note: CMS expanded the use of the G codes to <u>any</u> SUD diagnosis	



Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services, Place of Service Code Set
- Substance Abuse and Mental Health Services (SAMHSA)
- Food and Drug Administration

History / Updates

May, 2025	Updated Reimbursement Guidelines Section; Added OBOT Services
February, 2025	Added New 2025 OTP Services for Medicare Only and Updated Reimbursement Guidelines Section
December, 2024	Updated Applicability IFP Plan, Overview, & Reimbursement Guidelines section
January, 2024	Added CMS Final Rule to allow for IOP services G0137 for OTP with authorization
December, 2023	Removed prior authorization requirement for G2074 per CMS guidelines
January, 2023	Anniversary review; No updates
December, 2022	Anniversary review; No updates
January, 2022	Anniversary review; Updated Reimbursement Guidelines Code Section added modifier 95 to allow when billed with add-on code G2080+; Added new HCPCs code for Medicare only G1028
March, 2021	New Reimbursement Policy

Proprietary information of Optum. Copyright 2025 Optum.