

## Clinical Policy: Opioid Use Disorder (OUD) treatment in Opioid Treatment Programs (OTPs or Methadone clinics)

Reference Number: LA.CP.MP.503

Last Review Date: 6.20

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

To outline LHCC's reimbursement of Opioid Use Disorder (OUD) treatment in Opioid Treatment Programs (OTPs or Methadone clinics).

### Policy/Criteria

Effective January 20, 2020, LHCC will add coverage of Methadone as an authorized medication for OUD treatment provided in OTPs. OTPs treat persons 18 years of age or older who are diagnosed with OUD for at least one year. Reimbursement for Methadone for OUD treatment will only be made to OTPs, which are federally approved by SAMHSA and the DEA, and regulated by LDH, which includes OBH and HSS. A provider subspecialty code 8V has been established for the OTPs/Methadone clinics as sole source providers.

Provider Subspecialty Code	Provider Subspecialty Description	Associated Provider Type / Specialty
8V	Methadone Clinic	PT 68 / PS 70

The 8V subspecialty has two bundled rate options. H0020 will be used for a bundled rate reimbursement for Methadone treatment. H0047 will be used for a bundled rate for Buprenorphine treatment, but excludes the ingredient cost of the medication. Buprenorphine medication will be billed separately using the applicable J-codes (J0571-J0575) depending on dosage amounts.

Bundled rates for the OTPs will facilitate the practical needs of patient centered treatment in the administration of Medication Assisted Treatment (MAT) to integrate the provision of counseling and medical services. It strengthens recovery and decreases recidivism in patients diagnosed within the substance use disorder spectrum.

The table below provides an explanation of available codes for the OTPs/Methadone clinics.

Code	Explanation of Benefits
<b>H0020</b>	<p><b>Methadone Bundled Rate</b></p> <p>Bundled rate includes all state and federal regulatory mandated components of treatment. <b>Services include but are not limited to the following:</b></p> <ul style="list-style-type: none"> <li> <b>Medication:</b> This includes the administration, dosing, and dispensing of Methadone as per the patient's treatment plan. </li> </ul>

- **Counseling: Patients are required to participate in group or individual sessions as part of the patient’s treatment plan.**
- Urine Drug Testing: This includes the urine drug testing or other laboratory tests deemed medically necessary.
- Physical examinations by a physician or advanced practice registered nurse.
- Evaluation and management visits.
- Case management.
- Laboratory services.

The OTP may be reimbursed for the bundled rate for participants receiving take-home doses in accordance with state and federal regulations and the patient’s treatment plan phase.

Guest dosing occurs when a patient receives Methadone dosing at another OTP other than their primary/home-based OTP clinic. The guest dosing provider will bill for the bundled rate and provide clinical care, if appropriate, that is coordinated with the “home” provider and Methadone Central Registry (MCR) to ensure correct dosing.

**H0047 Buprenorphine Bundled Rate**

Bundled rate includes all components of treatment, except for the Buprenorphine medication. Services include but are not limited to the following:

- Assessment and individualized plan of care.
- Individual and group counseling.
- Urine Drug Testing or laboratory testing.
- Coordination of medically necessary services.

Buprenorphine medication will be billed separately using the applicable J-codes (J0571-J0575) depending on dosage amounts.

Reviews, Revisions, and Approvals	Date	Approval Date
Created Policy	1/20/20	6/25/20

**References/Attachments**

Specialized Behavioral Health Fee Schedule on the Louisiana Medicaid website at <https://www.lamedicaid.com>

## CLINICAL POLICY

### Opioid Use Disorder (OUD) treatment in Opioid Treatment Programs (OTPs or Methadone clinics)



#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This clinical policy is the property of LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their

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representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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