



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

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April 2023

**TO:** Opioid Treatment Programs (OTP) – **For Action**  
Managed Care Organizations – **For Action**

**SUBJECT:** **Changes to OTP Billing Codes**

**EFFECTIVE:** **Claims processed on or after January 1, 2023**

**PURPOSE:** To Complete the Alignment of Medicare and Medicaid Billing Codes for Opioid Treatment Program (OTP) Services

**BACKGROUND:** Beginning January 1, 2020, Medicare Part B became the primary payer for OTP services for all dually eligible (Medicare and Medicaid) members receiving treatment for an opioid use disorder (OUD) through an OTP. Medicare enrolled providers are required to bill Medicare utilizing the CMS HIPAA compliant coding for OTP services for all Medicare enrolled members with Part B coverage. As of July 1, 2021, Medicaid/NJ Family Care began utilizing the Medicare HCPCS codes for the intake assessment as well as the bundled Methadone and non-Methadone services.

**ACTION:** Medicaid/NJ Family Care is replacing the remaining billing codes for OTP services with the HIPAA compliant HCPCS codes utilized by Medicare. There will be a transition period during which providers may continue to bill with the current billing codes for OTP services while they prepare their billing systems to utilize these new codes. Effective April 1, 2023, Medicaid/NJ Family Care will require all claims utilize the new HCPCS codes identified in this newsletter. Any claim that bills with the new codes before this date will be pended until April 1, 2023. At that time, the claim will be adjudicated.

Please note, for dually-eligible members, any claim for OTP services submitted to Medicaid/NJ Family Care for a Medicare enrolled member shall be denied payment unless the Medicare payment has been appropriately reported. Medicare enrolled members are expected to receive OTP services from Medicare enrolled providers.

**The new billing codes are for all Medicaid/NJ Family Care members and ARE NOT restricted to dually eligible members.**

Effective April 1, 2023, OTP providers shall only bill utilizing the Medicaid/NJ Family Care billing codes listed in the crosswalk below. Please note that Medicaid/NJ Family Care has expanded coverage options and will include coverage of long acting injectable medications. Because of the nature of long acting medications, providers may only bill for a bundled rate that includes the medication for the week in which the medication was administered. Providers may bill G2074 for those weeks where counseling was provided but no medication was administered or distributed.

**NOTE: Unlike Medicare, toxicology is not included in the Medicaid/NJ Family Care bundles and may continue to be billed separately when Medicaid/NJ Family Care is the primary insurance.**

Current Code	New Code	Rate	Service description
G2076	No change	<b>\$460.08</b>	<b>Intake activities</b> , including initial medical examination that is a complete, fully documented physical evaluation and initial assessment conducted by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician or qualified personnel that includes preparation of a treatment plan that includes the patient’s short-term goals and the tasks the patient must perform to complete the short-term goals; the patient’s requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel.
G2067	No change	<b>\$95.71</b>	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy.
G2068	No change	<b>\$199.20</b>	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy.

New	<b>G2069</b>	<b>\$1,667.97</b>	For the provision of long acting (injectable) buprenorphine. This code shall be utilized the week in which you administer the medication along with substance use counseling, individual and/or group therapy.  (For weeks where no medication is administered but counseling is provided, bill G2074)
New	<b>G2073</b>	<b>\$1253.35</b>	For the provision of long acting (injectable) naltrexone. This code shall be utilized the week in which you administer the medication along with any substance use counseling, individual and/or group therapy.  (For weeks where no medication is administered but counseling is provided, bill G2074)
New	<b>G2074</b>	<b>\$80.60</b>	Medication assisted treatment, weekly bundle which includes substance use counseling, individual and group therapy when no drug is provided.  (This would be billed when there is no medication administration as with the monthly injectables)
H0020HF	<b>G2078</b>	<b>\$35.28</b>	Take-home supply of methadone; up to 7 additional day supply when no bundled services are provided. Billed as an add-on when the bundled service is provided.
H0033HF	<b>G2079</b>	<b>\$86.26</b>	Take-home supply of buprenorphine (oral); up to 7 additional day supply. Billed as an add-on when a bundled service is provided.

**Billing Guidelines for using Medicare OTP codes as per CMS guidance in MLN8296732 Nov. 2021:**

- Codes G2067 through G2074 are for episodes of care that last 7 consecutive days. You cannot bill for one of these codes more than once per calendar week. A calendar week is Sunday through Saturday.

- HCPCS codes G2069 and G2073 should not be used (or billed) more than once every 4 weeks.
- If a member switches from 1 drug to another, bill for the 1 drug given that covers the majority of the week. Do not bill for both.
- Take home supplies of methadone (G2078) can be billed along with the base bundle (G2067) up to 3 units to complete the four weeks. G2078 should be billed as an add-on to G2067. If two units of G2067 are billed in a month, you may bill 2 units of G2078 etc. for a maximum of 1 month of medication.
- Take home supplies of buprenorphine (G2079) can be billed along with the base bundle (G2068) and up to 3 units to complete the four weeks. G2079 should be billed as an add-on to G2068. If two units of G2068 are billed in a month, you may bill 2 units of G2079 etc. for a maximum of 1 month of medication.
- SAMHSA allows a maximum take-home supply of 1 month of medication. Therefore providers should not bill for more than 3 weeks of take home medication in addition to the weekly bundle code.

If you have any policy questions regarding this Newsletter, please contact the Division of Medical Assistance, Office of the Medical Director, at 609-588-2739.

If you have any billing questions, please contact Gainwell Technologies Provider Services at 1-800-776-6334.

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