



Louisiana Department of Health
Health Plan Advisory 20-3
Revised August 12, 2020

Reimbursement of Opioid Use Disorder Treatment in Opioid Treatment Programs

This advisory provides notification for the reimbursement of Opioid Use Disorder (OUD) treatment in Opioid Treatment Programs (OTPs or Methadone clinics).

Effective January 20, 2020, the Medicaid Program will add coverage of Methadone as an authorized medication for OUD treatment provided in OTPs. ~~OTPs treat persons at least 18 years of age or older who are diagnosed with OUD for at least one year.~~ Members admitted to an OTP for treatment must be at least 18 years old, unless the member has consent from a parent or legal guardian, if applicable, and has been addicted to opiates for at least one year or meets federal exceptions, as determined by a physician. 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.

<i>Code</i>	<i>Explanation of Benefits</i>
H0020	<p>Methadone Bundled Rate</p> <p>Bundled rate includes all state and federal regulatory mandated components of treatment. Services include but are not limited to the following:</p> <ul style="list-style-type: none"> • Medication: This includes the administration, dosing and dispensing of Methadone as per the patient’s treatment plan. • 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. <p>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.</p> <p>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.</p>
H0047	<p>Buprenorphine Bundled Rate</p> <p>Bundled rate includes all components of treatment, except for the Buprenorphine medication. Services include but are not limited to the following:</p> <ul style="list-style-type: none"> • 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.

The Specialized Behavioral Health Fee Schedule will be updated on the Louisiana Medicaid website at <https://www.lamedicaid.com> to reflect these changes.

Managed care organizations (MCO) must update their policies and procedures in accordance with the provisions set forth above prior to January 20, 2020. All MCOs must publish written instructions for providers regarding claim submissions no later than 60 days from the date of this advisory.