

## Ohio Medicaid & MyCare MHAS Opioid Treatment Programs (OTP)

(Ohio Department of Mental Health and Addiction Services)

Effective For Services Provided January 1, 2019 and After

Final Version: 1.0.b

Code	Modifier	Description	Provider Type	Covered Y/N	Limits	PA	Additional Information
<b>Table 1-1 SUD Treatment Programs Provider Type 95/950</b>							
J8499		Prescription drug, oral, non chemotherapeutic, nos Buprenorphine, oral, 1 mg.		Y		N	
NOTE: As an OTP (95/951 or 95/953), J8499 will be used for oral naltrexone (see following OTP sections for additional details).							
<b>Table 1-2 Opioid Treatment Programs (OhioMHAS Licensed Opioid Treatment Programs (Methadone)) Provider Type 95/951 – State Licensed Methadone Program</b>							
H0020	HF	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) Methadone Administration Daily	MD/DO CNS CNP PA RN LPN	Y		N	
H0020	TV	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) Methadone Administration Weekly (2 - 7 days)	MD/DO CNS CNP PA RN LPN	Y		N	
H0020	UB	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) Methadone Administration Two Weeks (8 - 14 days)	MD/DO CNS CNP PA RN LPN	Y		N	
H0020	TS	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) Methadone Administration Three Weeks (15 - 21 days)	MD/DO CNS CNP PA RN LPN	Y		N	
H0020	HG	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) Methadone Administration Four Weeks (22 - 28 days)	MD/DO CNS CNP PA RN LPN	Y		N	
99211		Evaluation and Management Established Patient (for OTP use with Nasal Narcan Administration) 5 Minutes	MD/DO CNS CNP PA RN LPN	Y		N	
96372		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	MD/DO CNS CNP PA RN LPN	Y		N	
J8499	HG	Prescription drug, oral, non chemotherapeutic, nos Oral Naltrexone, per 50 mg tablet		Y		N	

Code	Modifier	Description	Provider Type	Covered Y/N	Limits	PA	Additional Information
J2310		Drugs administered other than oral method, chemotherapy drugs Injection/Nasal, naloxone (Narcan), 1mg		Y		N	
J3490		Administration of Nasal Narcan		Y		N	
36415		Collection of venous blood by venipuncture	* Per CPT guidelines	Y		N	

NOTE: \* Medicaid will not reimburse for the collection of venous blood when providers performs testing in their facilities. Nor will Medicaid pay when it is part of an E&M visit. Medicaid will only reimburse separately for the collection of venous blood when a provider draws the blood and sends it to a non-related outside facility without performing any testing.

**Table 1-3 Opioid Treatment Programs**  
**SAMHSA Certified Opioid Treatment Programs (Buprenorphine)**  
**Provider Type 95/953 – SAMHSA Certified Opioid Treatment Program**

T1502	HF	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit Buprenorphine/ Naloxone Administration Daily	MD/DO CNS CNP PA RN LPN	Y		N	
T1502	TV	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit Buprenorphine/ Naloxone Administration Weekly (2 - 7 days)	MD/DO CNS CNP PA RN LPN	Y		N	
T1502	UB	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit Buprenorphine/ Naloxone Administration Two Weeks (8 - 14 days)	MD/DO CNS CNP PA RN LPN	Y		N	
T1502	TS	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit Buprenorphine/ Naloxone Administration Three Weeks (15 - 21 days)	MD/DO CNS CNP PA RN LPN	Y		N	
T1502	HG	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit Buprenorphine/ Naloxone Administration Four Weeks (22 - 28 days)	MD/DO CNS CNP PA RN LPN	Y		N	
99211		Evaluation and Management Established Patient (for OTP use with Nasal Narcan Administration) 5 Minutes	MD/DO CNS CNP PA RN LPN	Y		N	
96372		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	MD/DO CNS CNP PA RN LPN	Y		N	
J0571		Buprenorphine, oral, 1 mg.		Y		N	
J0572		Buprenorphine/naloxone, oral, less than or equal to 3 mg.		Y		N	
J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg.		Y		N	
J0574		Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg.		Y		N	
J0575		Buprenorphine/naloxone, oral, greater than 10 mg.		Y		N	
S5000		Buprenorphine/naloxone, generic, per 1mg buprenorphine/0.25mg naloxone **		Y		N	

Code	Modifier	Description	Provider Type	Covered Y/N	Limits	PA	Additional Information
S5000	HD	Buprenorphine, generic, per 1 mg.		Y		N	
S5001		Buprenorphine/naloxone, brand, per 1mg buprenorphine/0.25mg naloxone **		Y		N	
J8499	HG	Prescription drug, oral, non chemotherapeutic, nos Oral Naltrexone, per 50 mg tablet		Y		N	
J2310		Drugs administered other than oral method, chemotherapy drugs Injection/Nasal, naloxone (Narcan), 1mg		Y		N	
36415		Collection of venous blood by venipuncture	* Per CPT guidelines	Y		N	

**NOTE: \* Medicaid will not reimburse for the collection of venous blood when providers performs testing in their facilities. Nor will Medicaid pay when it is part of an E&M visit. Medicaid will only reimburse separately for the collection of venous blood when a provider draws the blood and sends it to a non-related outside facility without performing any testing.**

**\*\* Per FDA regulations, the maximum recommended milligrams of a buprenorphine based medication and individual patient should be taking per day is twenty-four.**