

CABINET FOR HEALTH AND FAMILY SERVICES Department for Medicaid Services

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Acting Secretary

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TO: Tier II Narcotic Treatment Program (NTP) Behavioral Health Service Organizations

(PT 03 / PL # A-12)

Community Mental Health Centers with an NTP (PT 30 / PL # A-113)

FROM: Lee A. Guice, Director

Division of Policy & Operations

DATE: May 1, 2020

RE: Buprenorphine Coverage

As part of the 1115 Substance Use Disorder (SUD) Demonstration, that became effective July 1, 2019, the Department for Medicaid Services (DMS) began coverage of Methadone for SUD Treatment in a Narcotic Treatment Program (NTP). In an effort to reimburse NTPs for services rendered, DMS has developed coverage for the dispensing of Buprenorphine in an NTP.

Effective July 1, 2020, DMS will reimburse NTPs for Buprenorphine induction and weekly MAT bundled services. Methadone and Buprenorphine Induction will fall under the same code, H0016. The previous Methadone Induction code, H0033, will end date on June 30, 2020. Please see the chart below for updates.



BHSO Tier II NTP Allowable Billing Codes Update*

CODE	DESCRIPTION	RATE (FEE FOR SERVICE)
H0016	Buprenorphine and Methadone Induction – Rendered by a Physician, APRN or PA. Limit of 4 per calendar year. Requires HF modifier.	\$200 per Induction
H0047	Buprenorphine Medicated Assisted Treatment Bundle – Requires HF modifier.	\$115 Weekly
H0020	Methadone Medicated Assisted Treatment Bundle– Requires HF modifier	\$105 Weekly
T2023	Targeted Case Management for Individuals with Substance Use Disorder (SUD) or Co-occurring disorders – Requires HF modifier	\$334 Monthly
T1007	Service Planning, Alcohol and Drug Service – Requires HF modifier	Varies by level of practitioner
H0038	Self-help/Peer Services, individual, per 15 minutes – Requires HF modifier	\$8.61 per unit
H0038 HQ	Self-help/Peer Services, individual, per 15 minutes – Requires HF modifier. Service limit of eight (8) person per group.	\$3.56 per unit

^{*} The Department of Medicaid Services (DMS) encourages all providers to consult with a Certified Professional Coder regarding billing codes and other issues. All services rendered shall be medically necessary and provided within the practitioner's scope of licensure, practice and employment. All services reimbursed by DMS are subject to post-payment audit and review.

Bundles include

- Medication administration/Dosing
- 80305, 80306, 80307- Presumptive Drug Class Screening codes
- 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90853, 99354, 99355-Psychotherapy and add on-codes
- H0001- Drug & Alcohol Assessment code
- H0015 Alcohol and/or Drug Services, IOP

Billable outside of the Bundles

- 99201, 99203-99205, 99202 E&M Codes: Office or other outpatient visit, New patient, low/low-moderate complexity
- 99213-99215- E&M Codes: Office or other outpatient visit, Established patient, low/ low-moderate complexity
- T2023
- T1007
- H0038
- H0038 HQ

If you have questions, please contact the Division of Policy & Operations DMS.ISSUES@ky.gov.