Payment Policy CPP_05

Hub & Spoke System of Care for Opioid Use Disorder (OUD)Reimbursement Program Payment Policy

bluecrossvt.org

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Last Review: January 23, 2025
Next Review: October 2026
Effective Date: May 1, 2025

Description

The following payment policy applies to Blue Cross and Blue Shield of Vermont's (Blue Cross VT) reimbursement program in support of Vermont's Opioid Use Disorders (OUD) Treatment System for services rendered by the Hub & Spoke System.

The Hub and Spoke System of Care for OUD is designed to create an integrated system between the two settings where Medication for Opioid Use Disorder (MOUD) is provided. In this system, both MOUD treatment settings coordinate with the broader health and human services systems. The two MOUD settings currently available in Vermont are: Opioid Treatment Programs (OTPs) where medications are dispensed and members can be seen daily, and Office-Based Opioid Treatment (OBOT) practices where medications are prescribed, and members are seen less frequently. "Hub" and "Spoke" are terms specific to the Blueprint for Health. For the purposes of this policy, Opioid Treatment Programs (OTPs) and Office-Based Opioid Treatment (OBOT) are the terms used by Blue Cross VT, both OTPs and OBOTs provide OUD Services.

The OTPs are addiction specialty programs best suited for members who are experiencing a more severe course of addiction and/or who are best treated with methadone. The OBOTs may be outpatient primary care medical practices, or outpatient specialty medical practices including OB/GYN, psychiatry, or addictions practices.

The OTPs offer intensive treatment for complex addictions. Each OTP is the source for its area's most intensive opioid use disorder treatment options. OTPs offer the treatment intensity and staff expertise that some people require at the beginning of their recovery, at points during their recovery, or all throughout their recovery. OTPs provide daily medication and therapeutic support. All methadone treatment is provided in OTPs. Members receiving non-methadone treatment may move back and forth between OTP and OBOT settings over time, as their treatment needs change. OTPs offer all elements of MOUD, including assessment, medication dispensing, and individual and group counseling. Additional Health Home supports are available at OTPs including case management, care coordination, management of transitions of care, family support services, health promotion, and referral to community services.

OBOTs are mostly primary care or family medicine practices, and include obstetrics and gynecology practices, specialty outpatient addiction programs, and practices specializing in chronic pain. Prescribers in OBOT settings are physicians, nurse practitioners, and physician's assistants federally authorized to prescribe Buprenorphine. They may also prescribe oral or injectable medications. Individuals with less complex needs may begin their treatment at an OBOT, while other members transition to an OBOT after beginning recovery in an OTP. The OBOT staff provide specialized nursing, counseling, and care management to support members in recovery (referred to as "Health Home services").

The Hub and Spoke concept was designed and implemented by the State of Vermont through the Blueprint for Health, the Department of Vermont Health Access (DVHA), and the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs. The State of Vermont provides oversight for the program. The Hubs are overseen by Vermont Department of Health; the Spokes are overseen by The Vermont Blueprint for Health[1]. Blue Cross VT's OTP and OBOT program was developed in collaboration with The Vermont Blueprint for Health and DVHA.

Policy & Guidelines

Policy Statement

Effective with dates of service on or after February 01, 2018, Blue Cross VT allowances for services associated with Opioid Use Disorder (OUD) will be considered based on applicable criteria set forth below in this policy.

Definitions

I. Opioid Treatment Program (OTP) Services

Blue Cross VT allowance for OTP services in the form of a single monthly rate, per member. The OTP provider initiates a claim for the monthly rate by billing the appropriate code and modifier combination listed in the Addendum Coding Table contained in this policy.

The full monthly allowance is permissible **IF** the member received at least one OTP service and one Health Home Service during the calendar month, provided such services are eligible by the member's benefit. As used in this payment policy, an OTP service is defined as "one face-to-face typical treatment service encounter (e.g., nursing or physician assessment, individual or group counseling, observed dosing)". A Health Home Service is defined as "comprehensive care management, care coordination, health promotion, transition of care, individual and family support, or referral to community services."

This policy applies to all members (as defined in the provider's contract) receiving services in the

OTP, for either methadone or buprenorphine, within the limits of the member's benefits.

II. Office-Based Opioid Treatment (OBOT) Services

OBOTs can only submit claims for OUD services for office visits, laboratory services (if applicable), and mental health therapy services. Benefits and if applicable payments for these services are based on the OBOT's provider contract with Blue Cross VT and member's benefits in effect during the date(s) of service.

Starting in October 2024, Blue Cross VT contracts with OBOTs for OUD services. An OBOT **without** an Opioid Use Disorder (OUD) Services Addendum attached to their provider agreement with Blue Cross VT **will not** be eligible to provide OUD services. To be eligible for the OUD Services Addendum, providers rendering OUD Services must be part of a Blueprint for Health recognized Spoke group or practice. Additionally, OUD services must be provided in an OBOT setting by a team comprised of a nurse and a MHSUD (mental health/ substance use disorder) counselor or via an approved Blueprint for Health staffing model.

Providers must submit a claim for each member receiving services, each calendar month. If a member does not receive any OUD Services in a given calendar month, providers **may not** submit a claim for that member for that month.

This policy applies to all members (as defined in the provider's contract) receiving OBOT services, within the limits of those members' benefits.

Eligible

OTP, Health Home Services, and OBOT Services, as defined in the "Policy" section above.

Not Eligible

The established OTP rate ***is for a full calendar months' worth of services*** for the treatment of substance use disorder. As such, services billed with HCPCS Level II Code H0020-HG for "OTP ***methadone services*** to Adults or Adolescents (e.g., administration and/or service (provision of the drug by licensed program) **or** HCPCS Level II Code H0047-HG for OTP ***buprenorphine services*** to Adults or Adolescents (e.g., administration and/or service (provision of the drug by licensed program)) ***may not*** be billed ***more than once per calendar month***.

Both OTP and OBOT services **must be** rendered in-person. OTP or OBOT services rendered via telehealth, telemedicine, telephone (audio-only), e-mail, Skype, FaceTime, or facsimile means are ***not eligible*** for payment.

Provider Billing Guidelines and Documentation

I. Opioid Treatment Program (OTP) Services

a. General

Claims for OTP services are only accepted on the CMS-1500 (paper version 0938-1197 or HIPPA compliant 837P) format for professional claims.

OTP providers must submit the appropriate HCPCS Level II codes and modifier combinations when submitting claims for OTP services. Codes and modifier combinations **MUST be billed according to the policy** to ensure correct payment **(see policy Addendum Coding Table)**.

Claims for OTP services must be billed with Place of Service 11 (office).

Providers must bill ***once per calendar month***. The “From” date should be either the first date of treatment or the first of the month. The “To” date should be either the last date of treatment or the last day of the month. Use only one claim line when billing the date span for this service. The unit designation needs to indicate 1. Please note – services cannot be billed in advance of the “To” date.

Providers with multiple locations must bill Blue Cross VT **only once** per calendar month **even if the member happens to receive treatment in a different OTP than his/her “home OTP.”**

b. Buprenorphine Billing

To ensure correct processing for buprenorphine, the following data elements **are required** in addition to the submission of the HCPCS Level II ‘J/Q’-codes and name of drug:

1. Paper Claim Submission

For CMS 1500 (version 0938-1197):

- Item/block 24A shaded area (above dates of service) report in order:
    - N4 product id qualifier,
    - 11-digit National Drug Code (NDC) (no hyphens),
    - Unit of measure (UoM),
    - Quantity (limited 8 digits before the decimal and 3 digits after the decimal).
- Item/block 24D continue to report applicable HCPCS code with modifier -HG when applicable (see the Coding Table Addendum).
- Item/block G (days or units) continue to report applicable HCPCS units and **NOT** the NDC units.

2. Electronic Claim Submission

For HIPAA-compliant 837P, refer to Blue Cross VT 837 Professional Claims Submission Companion Guide, located on this link: https://www.bluecrossvt.org/providers/provider-forms-resources
Note: HCPCS codes and HCPCS units MUST be submitted in addition to the NDC.

c. Modifier -GY where Medicare is Primary

To the extent that the services being provided are Medicare statutorily excluded services (such as outpatient methadone treatment services, for example), modifier -GY modifier (item or service statutorily excluded does not meet the definition of any Medicare benefit for non-Medicare insurers, is not a contracted benefit) allows our system to recognize the service as such and bypasses the Medicare explanation of payment requirement. BlueCard claims (referred to as Inter Plan Program) claims with a -GY modifier need to be submitted directly to Blue Cross VT.

See the Addendum – Coding Table in this policy for detail on placement/reporting of the modifier -GY.

In addition to the -GY modifier, the claim submission (paper or electronic) must indicate that Medicare is the member's primary carrier.

II. Office-Based Opioid Treatment (OBOT) Services

a. Office Visits/Laboratory/Therapy

An OBOT is eligible to bill for office visits, laboratory services, and therapy services using the appropriate CPT®/HCPCS codes for the services, in accordance with the terms and conditions of the OBOT's provider contract with Blue Cross VT.

b. OUD Services

The OBOT staff services are those services provided by the nurse and counselor embedded in the practice and include specialized nursing, counseling, and care management to support patients in recovery. As per contract with Blue Cross VT If an OBOT contracts with Blue Cross VT to bill for OUD Services, the following guidelines and requirements apply:

- Claims for OUD services are only accepted on the CMS-1500 (paper version 0938-1197 **OR** HIPAA-compliant 837P) format for professional claims.
- The billing entity **MUST** submit HCPCS Level II code H0047 (alcohol and/or other drug abuse services, not otherwise classified) **WITH a -HH modifier** (integrated mental

health/substance abuse program) when submitting claims for the OBOT staff services. Only one unit of H0047-HH should be billed each calendar month for a single member.

- Claims must be billed with Place of Service 11 (office).
- The billing entity must bill **once per calendar month**, for each member receiving services that month. The "From date should be either the first date of treatment or the first of the month. The "To" date should be either the last date of treatment or the last day of the month. Use only one claim line when billing the date span for this service. It does not matter how many times the member came in for services during the month—so long as at least one service has been provided by the nurse or counselor to the member, the OBOT may submit a claim for that month for that member. The unit designation needs to indicate 1. Please note – services cannot be billed in advance of the "To" date
- To the extent a member receives OBOT staff services from more than one OUD group or practice, the billing entity or entities should coordinate to ensure Blue Cross VT is billed **only once** per calendar month for that member for that month.
- The expectation is that a diagnosis of substance use disorder will be utilized. However, there are no diagnosis limitations for the service code H0047-HH.
- The OBOT must confirm member benefits prior to submitting a claim. Not all members have benefits for the H0047-HH service code.
- The OBOT must collect any cost share due per the member's benefits, and the OBOT may do so at the time of service.

National Drug Code(s)

Health Care Procedure Coding System (HCPCS) codes related to chemotherapy drugs, drugs administered other than oral method, and enteral/parenteral formulas may be subject to National Drug Code (NDC) processing and pricing. The use of NDC on medical claims helps facilitate more accurate payment and better management of drug costs based on what was dispensed and may be required for payment. For more information on Blue Cross VT requirements for billing of NDC please refer to the Provider Handbook accessible via the provider portal at http://www.bcbsvt.com/provider-home for the latest news and communications.

Other Information

Methadone Services Only: Pharmacy costs for methadone itself, **are included** in the OTP case rate. No additional allowance will be provided.

Buprenorphine Services Only: Pharmacy costs for buprenorphine **are not included** in the OTP

case rate and **must be** billed separately. Claims for buprenorphine must include the National Drug Code (NDC) and other required data elements noted above (under paper claims submission or electronic claim submission—HIPAA compliant 837P). Payment is subject to all terms, limitations, and conditions of the member's benefit.

Benefit Determination Guidance

Payment for services is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information, please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Inter Plan Programs (IPP): In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (Blue Cross VT is the local Plan), including services rendered to out-of-state Bluemembers. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment, it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Eligible Providers

For OTP Services, this policy applies to those providers recognized as Hubs by DVHA, the Vermont Blueprint for Health, and the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs and that are also contracted with Blue Cross and Blue Shield of Vermont.

For OUD Services, specifically the office/laboratory/therapy services, this policy applies to those providers who are part of a recognized Spoke practice by the Vermont Blueprint for Health and hold a provider contract with Blue Cross VT. For OUD services (specialized nursing, counseling, and care management services provided by the nurse and counselor), this policy applies to those OBOTs that are recognized as Spoke practices, as documented in a letter of agreement or amendment to the provider's existing contract with Blue Cross VT.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure adherence with the guidelines stated in the payment policy. If an audit identifies instances of non-adherence with this payment policy, Blue Cross VT reserves the right to recover all non-adherence payments.

Legislative and Regulatory Guidelines

Act 159 of 2018, Section 1 (An act relating to pilot programs for coverage by commercial health insurers of costs associated with medication-assisted treatment)

Related Policies

N/A

Document Precedence

The Blue Cross VT Payment Policy Manual was developed to provide guidance for providers regarding Blue Cross VT payment practices and facilitates the systematic application of Blue Cross VT member contracts and employer benefit documents, provider contracts, Blue Cross VT corporate medical policies, and Plan's claim editing logic. Document precedence is as follows:

1) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
2) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
3) To the extent that there may be any conflict between the Blue Cross VT Payment

Policy Manual and corporate medical policy, the corporate medical policy takes precedence.

4) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the Plan's claim editing solutions, the Plan's claim editing solution takes precedence.

Policy Implementation/Update Information

This policy was originally implemented on September 26, 2017; effective February 1, 2018.

Date of Change	Effective Date	Overview of Change
January 2, 2025	May 1, 2025	Moved to a new template, general policy language updates to align with current terminology used in The Vermont Blueprint for Health Manual (Eff. 01/01/2025), changed our terminology from HUB & Spoke to OTP & OBOTs, OBOT Service language updated to align and support our October 2024, Blue Cross VT contracts with OBOTs for OUD services, various updates have been made to the addendum coding table to include the addition of HCPCS Codes J0577-HG, J0578-HG, Q9991-HG & Q9992-HG.

Approved by **Update Approved: 01/23/2025**

Tom Weigel, MD, Chief Medical Officer

Addendum – Coding Tables

Please Note: *Codes listed may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

Eligible OTPs will be compensated per the terms of their contracts with Blue Cross VT for OTP services. **The following HCPCS Codes and modifier combinations <u>MUST BE</u> billed according to the policy to ensure correct payment.**

Code	Description	Instructions
When a member received at least one OTP service **and one Health Home Service** during the month, Provider shall bill the following codes **with** the -HG modifier (Opioid treatment program (OTP)):		
Alcohol and/or drug services; **methadone administration and/or service (provision of the drug by a licensed program).**		
H0020	OTP Methadone Services to Adults	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
H0020	OTP Methadone Services to Adolescents	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
Alcohol and/or other drug abuse services, **not otherwise classified**.		
H0047	OTP Buprenorphine Services to Adults	Append Modifier -HG in the first modifier position. If applicable report modifier – GY in the second modifier position. (
H0047	OTP Buprenorphine Services to Adolescents	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
If the member **did not** receive a ***Health Home Service***, during the month, the allowance will be at a lower rate because ***Health Home Services*** **were not** provided. Modifier -52 (Reduced Services) **must be** applied in the second modifier position **in addition** to the -HG modifier (Opioid Treatment Program (OTP)).		
Alcohol and/or drug services; **methadone administration and/or service (provision of the drug by a licensed program)**		
H0020	OTP Methadone Services to Adults	Append Modifier -HG in the first modifier position and append Modifier -52 in the second modifier position. If applicable

Code	Description	Instructions
		report modifier -GY in the third modifier position.
H0020	OTP Methadone Services to Adolescents	Append Modifier -HG in the first modifier position and append Modifier -52 in the second modifier position. If applicable report modifier -GY in the third modifier position.
Alcohol and/or **other drug abuse services, not otherwise classified**		
H0020	OTP Methadone Services to Adults	Append Modifier -HG in the first modifier position and append Modifier -52 in the second modifier position. If applicable report modifier -GY in the third modifier position.
H0020	OTP Methadone Services to Adolescents	Append Modifier -HG in the first modifier position and append Modifier -52 in the second modifier position. If applicable report modifier -GY in the third modifier position.
Buprenorphine Services Only: Claims for buprenorphine itself must be submitted using the following procedure code and modifier combination:		
J0571	Buprenorphine, oral, 1 mg *Use for 2 mg oral film or tablets*	If applicable, report modifier –GY in the first modifier position, otherwise a modifier not required.
J0571-HG	Buprenorphine, oral, 1 mg *Use for 1 mg oral film or tablets.*	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine *Use for oral film or tablets.*	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine *Use for oral film or tablets*	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.

Code	Description	Instructions
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine *Use for oral film or tablets*	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine *Use for oral film or tablets*	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
J0577	Injection, buprenorphine extended release (Brixadi™), less than or equal to 7 days of therapy	Append Modifier -HG in the first modifier position. If applicable modifier -GY in the second modifier position.
J0578	Injection, buprenorphine extended release (Brixadi™), greater than 7 days and up to 28 days of therapy	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
Q9991	Injection, buprenorphine extended release (Sublocade®), less than or equal to 100 mg	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
Q9992	Injection, buprenorphine extended release (Sublocade®), greater than 100 mg	Append Modifier -HG in the first modifier position. If applicable report modifier -GY in the second modifier position.
Note: *See section Professional Claims for the required data elements that must be billed in addition to the submission of the HCPCS "J/Q"-codes and name of drug.*		
-HG	Opioid addiction treatment program	Append Modifier -HG in the first modifier position.
-52	Reduced Services	Append Modifier -52 in the second modifier position, If the member **did not** receive a ***Health Home Service***, during the month.
-GY	Item or service statutorily excluded	If applicable report modifier -GY in the second modifier position unless otherwise noted.

Eligible OBOTs will be compensated per the terms of their contracts with Blue Cross VT for OUD services. **The following HCPCS Codes and modifier combinations MUST BE billed according to the policy to ensure correct payment.**

Code	Description	Instructions
H0047	OBOT Care Management Services	
-HH	Integrated mental health/substance abuse program	Append Modifier -HH in the first modifier position.
-GY	Item or service statutorily excluded	If applicable report modifier -GY in the second modifier position.