

Opium Treatment Service Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare requires the proper documentation of medical necessity and valid diagnosis codes for reimbursement of opium treatment, billed from an approved place of service. To understand the coverage guidelines, limitations, and medical necessity criteria, please refer to the [Medicaid OTP Guidelines | CMS](#)

Professional claims must include Opium Treatment Program services performed with a place of service code 58, along with the appropriate HCPCS G-code(s) listed below:

- G2067
- G2068
- G2069
- G2070
- G2071
- G2072
- G2073
- G2074
- G2075
- G2076
- G2077
- G2078
- G2079
- G2080
- G2215* (with limitations)
- G2216* (with limitations)
- G1028* (with limitations)

The correct procedure codes must be submitted as outlined in the [OTP Billing & Payment Fact Sheet | CMS](#) and section 40.1.1-F-3 of [CMS R11792bp - OTP](#).

Reimbursement Guidelines

To receive reimbursement for professional claims related to Opium Treatment Services, you must submit claims with the correct billing and diagnosis codes, along with the approved place of service as per this policy. Reimbursement rates are determined based on the applicable fee schedule or the terms outlined in the provider contract agreement. Charges submitted without supporting evidence of medical necessity and/or correct diagnosis codes will not be included in the final payment calculation.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
G-Code	Codes which are used to report a beneficiary's functional limitation being treated and note whether the report is on the beneficiary's status, projected goal status, or discharge status.
HCPCS	Healthcare Common Procedure Coding System
OTP	Opioid Treatment Programs

State Exceptions

State	Exception
AZ	CPT G1028 is not valid with POS 58.
MI	MI does not require POS 58 for Opioid Treatment. G0137 is reimbursable.

Documentation History

Type	Date	Action
Initial Creation Date	10/23/2023	New Policy
Revised Date	12/16/2024	Updated Template
Revised Date	04/14/2025	Updated State Exceptions
Revised Date	08/06/2025	Updated the templated and verified links
Revised Date	08/21/2025	Updated entire document to Arial, 10 point; added page number and PI number

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
	OTP Billing & Payment CMS
CMS	chapter-39-opioid-treatment-programs-otps.pdf

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim.



payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.