

## Sustainable Reimbursement of MAT Series: Q & A Webinar 3, Medicare Reimbursement for MAT

July 16, 2020

### Follow-up Questions & Answers

**Q1:** Regarding Medicare coverage of physician administered drugs, is Sublocade covered? I have heard it is not. Is that true if a nurse administers the injection, or only physician?

**A1:** Medicare Part B covers physician administered drugs in outpatient settings, independent of the new OTP/NTP bundled services benefit. Part B generally covers such drugs administered as part of a partial hospitalization treatment program. Medicare Part A, which covers 80% of hospital costs, reimburses when they are administered as part of inpatient treatment. CMS info on Part B coverage of Rx drugs-outpatient states: “Injectable and infused drugs: Medicare covers most of these when given by a licensed medical provider.”

Administration by non-physician practitioners is also covered in most cases when billing procedures are followed. Claim forms ask for enrolled providers/physicians billing administration of such drugs/supplies, list NPI and name of referring physician (DN); ordering physician (DK); and supervising physician (DQ). The names of non-physician practitioners can be entered under the NPI of the supervising physician for the first two, provided the name and NPI of a qualified supervising physician is listed for the third.

When these types of drugs are available and administered by an OTP/NTP, they fall under the Part B bundled benefit, with frequency, cost of medication, and type of provider(s) administering factored into the amount of the bundle service reimbursement.

Administration of certain newly approved depot injections or implants may be limited to physicians who complete FDA-required REMS (risk evaluation & mitigation) trainings.

Medicare offers some degree of reimbursement for Vivitrol, Sublocade and Probuphine. The Manufacturers’ sites offer detailed information on coverage which can vary across Medicare FFS and Managed Care plans.

- [Sublocade Pricing Resources website](#)
- [Vivitrol Billing & Coding Resource](#)
- [Titan Access Program for Probuphine FAQs](#)

**Q2:** Do we have to start with getting NPI number for facility?

**A2:** Yes. If your OTP does not have a National Provider Identifier (NPI) it is necessary to obtain one before you start the enrollment process. Enrollment forms will ask for the NPI in several places.

**Q3:** A question by email: CMS indicates that a program's NPI number does not give them approval to bill the CPT codes for MAT. Is there a workaround?

**A3:** According to CMS OTP enrollment FAQs, having an NPI does not constitute Medicare enrollment eligibility. You must go through the provider enrollment application process using the internet-based enrollment portal (PECOS) or submit a paper Medicare provider enrollment form to your Medicare Administrative Contractor (Noridian). Please see links listed on the additional resources page or in the presentation slides for details. Some OTPs already have an NPI for billing other health plans. While this eliminates a step in preparing to complete the enrollment process, it does not allow facilities to bill Medicare. There is no workaround that I am aware of.

**Q4:** Kathleen West, AHP: Are elders accessing telehealth? Just wondering because the technology may be unfamiliar to them. Do you know, Niki?

**A4:** Telehealth technology is becoming more user friendly every day. Companies are developing telehealth platforms and apps to serve all types of patients & providers. Some telehealth providers send patients a link to download a smartphone app that is all they need for an appointment, while other use internet-based platforms. Generally, a HIPAA compliant platform is required, but that requirement has been loosened in response to the pandemic. This year Medicare also introduced new telehealth billing codes for certain OUD treatment services. A listing of all Medicare covered telehealth services as of 4/30/2020 is available from CMS. Research suggests the barriers telehealth technology presents to elders in need of care pale in comparison to mobility and transportation barriers that make in-person care difficult to access for many.