

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11792</b>	<b>Date: January 19 2023</b>
	<b>Change Request 13062</b>

**SUBJECT: Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and Additional Claims Modifier for Audio-only Services**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to revise the Medicare Benefit Policy Manual, Chapter 17, and the Medicare Claims Processing Manual, Chapter 39, to reflect changes made in the CY 2023 Physician Fee Schedule Final Rule.

**EFFECTIVE DATE: January 1, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: February 21, 2023**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	39/30.5/Site of service (telecommunications)
R	39/30.8/Locality Adjustments

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**



Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	Common Procedure Coding System modifier 93 (Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System), to be used to identify that the service was furnished using audio-only communication technology.								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Lindsey Baldwin, 410-786-1694 or lindsey.baldwin@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

### VI. FUNDING

#### Section A: For Medicare Administrative Contractors (MACs):

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be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Claims Processing Manual

## Chapter 39 – Opioid Treatment Programs (OTPs)

Table of Contents  
*(Rev.11792, Issued:01-19-23)*

### 30.5 - Site of service (telecommunications)

*(Rev.11792, Issued:01-19-23; Effective: 01-01-23; Implementation: 02-21-23)*

OTPs can use two-way interactive audio-video communication technology, as clinically appropriate, to furnish the substance use counseling and individual and group therapy services included in the bundled payment, as well as the add-on code for additional counseling and therapy. Additionally, beginning January 1, 2021, OTPs can use two-way interactive audio-video communication technology, as clinically appropriate, to furnish the periodic assessment add-on code. During the Public Health Emergency (PHE) for the COVID-19 pandemic, as well as after the conclusion of the PHE, the therapy and counseling portions of the weekly bundles of services furnished by OTPs, additional counseling or therapy payable under the add-on code for additional counseling or therapy, *periodic assessments, and the OTP intake add-on code for the initiation of treatment with buprenorphine (but not methadone)*, may be furnished using audio-only telephone calls rather than via two-way interactive audio-video communication technology if beneficiaries do not have access to two-way audio/video communications technology, provided all other applicable requirements are met. *This includes instances when the beneficiary is not capable of, or does not consent to, the use video technology for the service.*

*Beginning January 1, 2021*, periodic assessments may be furnished via two-way interactive audio-video communication technology, as clinically appropriate, and in compliance with all applicable requirements, and in cases where a beneficiary does not have access to two-way audio-video communications technology, periodic assessments can be furnished using audio-only telephone calls during the PHE *and through the end of CY 2023* if all other applicable requirements are met.

After the conclusion of the PHE for the COVID-19 pandemic, CMS expects OTPs to add Modifier *93 (Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system)* to the claim for counseling and therapy provided via audio-only telecommunications using HCPCS code G2080, *as well as for intake activities and periodic assessments furnished using audio-only communication technology*. Additionally, after the conclusion of the PHE for the COVID-19 pandemic, CMS expects OTPs to add Modifier 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) to the claim for counseling and therapy provided via audio-video telecommunications using HCPCS code G2080, *as well as for intake activities and periodic assessments furnished using audio and video communication technology*.

As OTP services are not PFS services, no originating site facility fee (HCPCS code Q3014) applies to OUD treatment services, and OTPs are not authorized to bill for the originating site facility fee. Additionally, the payment for the substance use counseling and individual and group therapy are included in the bundled payment rates made to OTPs; therefore, the practitioner furnishing the service remotely should not bill separately for the service.

## **30.8 - Locality Adjustments**

*(Rev.11792, Issued:01-19-23; Effective: 01-01-23; Implementation: 02-21-23)*

The payment amounts for the non-drug component of the bundled payment for an episode of care, and the adjustments for counseling or therapy, intake activities, periodic assessments, and take-home supplies of naloxone (HCPCS codes G2067-G2077, G2080, G2215, G2216, and G1028) will be geographically adjusted using the Geographic Adjustment Factor (*GAF*). *Additionally, for purposes of the GAF, OUD treatment services that are furnished via an OTP mobile unit will be treated as if they were furnished at the physical location of the OTP registered with the Drug Enforcement Administration (DEA) and certified by SAMHSA.*