

Mississippi Division of Medicaid
MEDICATION ASSISTED TREATMENT FOR OPIOID TREATMENT SERVICES FEE SCHEDULE
COVER SHEET



Additional References:

- [MS Division of Medicaid Website](#)
- [MS Envision Interactive Fee Schedule](#)
- [MS Envision Downloadable Fee Schedule](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

Note Number	Column Title	Details
1	Code	<ul style="list-style-type: none"> • Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	<ul style="list-style-type: none"> • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Modifier Status	<ul style="list-style-type: none"> • This column is used to denote the type of service. <ol style="list-style-type: none"> 1. HW- Funded by state mental health agency 2. HG - Opioid Treatment Program Service
4	Site of Service	<ul style="list-style-type: none"> • This column is used to denote the site of service differential. <ol style="list-style-type: none"> 1. Non-Facility Rate: The rate paid for professional services performed in a setting that is not a facility. 2. Facility Rate: The rate paid for professional services performed in a facility setting.
5	Prior Authorization	<ul style="list-style-type: none"> • This column identifies the codes that require prior authorization before the service is performed.
6	Service Limit	<ul style="list-style-type: none"> • This column identifies restrictions the code.
7	Min Age	<ul style="list-style-type: none"> • This column is the covered minimum age for the service.
8	Max Age	<ul style="list-style-type: none"> • This column is the covered maximum age for the service.
9	Begin Date	<ul style="list-style-type: none"> • This column represents the beginning date that the fees in columns M and N became effective.
10	End Date	<ul style="list-style-type: none"> • This column represents the end date of the fee segment in columns M and J.
11	Max Units	<ul style="list-style-type: none"> • This column represents the maximum daily units DOM covers for the service.
12	Fee	<ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for each unit. • When the maximum fee is listed as 0.00, the provider must request a prior authorization and/or submit a By Report claim, as identified on the fee schedule. • MP - Manually Priced

Mississippi Division of Medicaid
OPIOID TREATMENT PROGRAM FEE SCHEDULE
 Print Date: JULY 15, 2022



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

NOTE: HW and HG modifiers are required for all Opioid Treatment Program services. Opioid Treatment Program providers must be certified as an Opioid Treatment Program by the Mississippi Department of Mental Health. DOM will follow the Medicare rules for Medicaid claims when possible. Additional billing guidance can be found at: [Opioid Treatment Programs \(OTPs\) Medicare Billing and Payment Fact Sheet \(cms.gov\)](#)

Code	Description	Modifier		PA	Service Limit	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Provider Type
		Mod 1	Mod 2									
G2067	Med assist tx meth wk	HW	HG	YES	1 per 7 days	0	999	07/01/2022	12/31/9999	1	180.47	X01
G2068	Med assist tx bupre oral	HW	HG	YES	1 per 7 days	0	999	07/01/2022	12/31/9999	1	217.74	X01
G2069	Med assist tx inject	HW	HG	YES	1 every 4 weeks	0	999	07/01/2022	12/31/9999	1	1,677.90	X01
G2070	Med assist tx implant	HW	HG	YES	1 every 6 months	0	999	07/01/2022	12/31/9999	1	4,802.73	X01
G2071	Med tx remove implant	HW	HG	YES	1 per 7 days	0	999	07/01/2022	12/31/9999	1	364.32	X01
G2072	Med tx insert/remove imp	HW	HG	YES	1 every 6 months	0	999	07/01/2022	12/31/9999	1	4,989.54	X01
G2073	Med tx naltrexone	HW	HG	YES	1 every 4 weeks	0	999	07/01/2022	12/31/9999	1	1,290.15	X01
G2074	Med assist tx no drug	HW	HG	YES	1 per 7 days	0	999	07/01/2022	12/31/9999	1	137.87	X01
G2075	Med tx meds nos	HW	HG	YES	1 per 7 days	0	999	04/01/2021	12/31/9999	1	MP	X01
G2076	Intake act w/med exam	HW	HG	NO		0	999	07/01/2022	12/31/9999	1	153.00	X01
G2077	Periodic assessment	HW	HG	NO		0	999	07/01/2022	12/31/9999	1	94.02	X01
G2078	Take-home meth	HW	HG	NO		0	999	07/01/2022	12/31/9999	1	33.64	X01
G2079	Take-hom buprenorphine	HW	HG	NO		0	999	07/01/2022	12/31/9999	1	70.91	X01
G2080	Add 30 mins counsel	HW	HG	NO		0	999	07/01/2022	12/31/9999	1	26.38	X01
G2215	Home supply nasal naloxone	HW	HG	NO		0	999	07/01/2022	12/31/9999	1	82.65	X01
G2216	Home supply inject naloxon	HW	HG	NO		0	999	07/01/2022	12/31/9999	1	11.11	X01

Mississippi Division of Medicaid
MEDICATION ASSISTED TREATMENT FOR OPIOID TREATMENT SERVICES PHYSICIAN FEE SCHEDULE
 Print Date: JULY 15, 2022



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

NOTE: The HG modifier is required for all Medication Assisted Treatment services for Opioid Treatment Services. DOM will follow the Medicare rules for Medicaid claims when possible. These services are provided by physicians and other practitioners in an office setting. Opioid Treatment services must be provided by professionals operating within their scope of practice and licensure/certification. Additional billing guidance can be found at:

[Opioid Treatment Programs \(OTPs\) Medicare Billing and Payment Fact Sheet \(cms.gov\)](#)

[Office-Based Opioid Use Disorder \(OUD\) Treatment Billing | CMS](#)

[New G Codes Bundle Opioid Use Disorder Treatment - AAPC Knowledge Center](#)

Code	Description	Modifier Status	Site of Service	Site of Service	PA	Service Limit	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Provider Type
G2086	Off base opioid tx 70min	HG	Non-Facility Rate	Non-Facility Rate	No		0	999	7/1/2022	12/31/9999	1	334.51	A00, A01, A02, A03, A04, A05, S02
G2086	Off base opioid tx 70min	HG	Facility Fee	Facility Fee	No		0	999	7/1/2022	12/31/9999	1	275.77	A00, A01, A02, A03, A04, A05, S02
G2087	Off base opioid tx, 60 m	HG	Non-Facility Rate	Non-Facility Rate	No		0	999	7/1/2022	12/31/9999	1	294.98	A00, A01, A02, A03, A04, A05, S02
G2087	Off base opioid tx, 60 m	HG	Facility Fee	Facility Fee	No		0	999	7/1/2022	12/31/9999	1	249.61	A00, A01, A02, A03, A04, A05, S02
G2088	Off base opioid tx, add30	HG	Non-Facility Rate	Non-Facility Rate	No		0	999	7/1/2022	12/31/9999	1	50.76	A00, A01, A02, A03, A04, A05, S02
G2088	Off base opioid tx, add30	HG	Facility Fee	Facility Fee	No		0	999	7/1/2022	12/31/9999	1	33.45	A00, A01, A02, A03, A04, A05, S02