



## OTP BILLING

Opioid Treatment Programs (OTPs) are able to bill for MAT medications, including methadone, and treatment services that are currently SoonerCare compensable (e.g., therapy) in accordance with the SoonerCare fee schedule for behavioral health and physician services. The chart below shows the covered medication codes and includes other important information.

Medication HCPCS	Description	PA Required	Provider Allowed to Bill
J0570	BUPRENORPHINE IMPLANT 74.2MG	Yes	OTP and OBOT
J0571	BUPRENORPHINE ORAL 1MG	No	OTP
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	No	OTP
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG BUPRENORPHINE	No	OTP
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	No	OTP
J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE	No	OTP
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	No	OTP and OBOT
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	No	OTP and OBOT
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	No	OTP and OBOT
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	No	OTP and OBOT
Q9991	INJECTION, BUPRENORPH XR 100 MG OR LESS	Yes	OTP and OBOT
Q9992	INJECTION, BUPRENORPHINE XR OVER 100 MG	Yes	OTP and OBOT
S0109	METHADONE, ORAL, 5 MG	No	OTP

Reimbursement rates are updated quarterly and can be found using the [SoonerCare Fee Schedules](#).

All medications administered or dispensed in the OTP setting are billed on a medical claim using the appropriate HCPCS code as identified in the chart in this document. A take-home supply of medication may be billed on one claim, using the same *From Date* and *To Date* of service. **NDC codes are required to be billed on the same line as the drug-related HCPCS code.**



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

okhca.org  
mysoonercaare.org



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



When entering claims using the OHCA secure provider portal, click the + sign to expand the NDC section and enter the required information.

3 \*From Date 08/02/2021 To Date 08/02/2021 \*Place of Service 11-Office EMG

\*Procedure Code J0571-BUPRENORPI Modifiers \*Diagnosis Pointers 1

Charge Amount \*Units 1 Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 3

Add

Enter the 11-digit NDC (numbers only), the quantity and the unit of measure.

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Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 3

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required.

Code Type NDC

NDC/UPN 12496120401

Quantity 7.000 Unit of Measure Milligram

Add

Click **ADD** to include the line of service with the NDC on the claim.



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An NDC must be entered with 11 digits in a 5-4-2 format (ex., XXXXX-XXXX-XX).

- The first five digits represent the labeler.
- The second group of four digits is the product code.
- The last two digits represent the package code.

**If the product package only contains a 10-digit NDC, it is important to *properly convert the code to 11 digits to be accepted on the claim.*** The product packaging may provide only a 10-digit NDC in one of the following formats:

- 4-4-2 (ex. XXXX-XXXX-XX)
- 5-3-2 (ex. XXXXX-XXX-XX)
- 5-4-1 (XXXXX-XXXX-X)

For proper conversion of a 10-digit NDC to 11 digits, a preceding 0 must be added to the correct region of the code to comply with the required 5-4-2 format:

- 4-4-2 (ex. XXXX-XXXX-XX) to 5-4-2 = 0XXXX-XXXX-XX
- 5-3-2 (ex. XXXXX-XXX-XX) to 5-4-2 = XXXXX-0XXX-XX
- 5-4-1 (ex. XXXXX-XXXX-X) to 5-4-2 = XXXXX-XXXX-0X

*Please note that when adding the NDC on the OHCA secure provider portal, enter only numbers without dashes.*

For questions or assistance, please call the provider helpline at 800-522-0114, option 1.



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