



Mike DeWine, Governor  
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

**Medicaid Advisory Letter (MAL) No. 634**

DATE: July 1, 2019

TO: Eligible Medicaid Providers  
Chief Executive Officers, Managed Care Plans  
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: *Payment for Medication-Assisted Treatment (MAT) and Take-Home Medications Furnished at a Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)*

The Ohio Department of Medicaid (ODM) has amended Ohio Administrative Code (OAC) rule 5160-4-06, "Specific provisions for evaluation and management (E&M) services," to allow for coverage and payment of medication-assisted treatment (MAT) and self-administered take-home medications furnished by office-based opioid treatment (OBOT) practitioners, effective July 1, 2019.

Under amended rule 5160-4-06, separate payment may be made for the provision of self-administered take-home medication, in addition to an E&M service, if: (a) a waiver issued under Section 303(g)(2) of the Drug Addiction Treatment Act of 2000 (DATA 2000), 21 U.S.C. 823(g)(2) (as in effect January 1, 2019), permits the rendering provider to treat narcotic dependence without registering separately with the United States Drug Enforcement Administration as an opioid treatment program; (b) the provider complies with all applicable rules and requirements of the Ohio Board of Pharmacy and the Ohio State Medical Board; (c) the medication is a pharmaceutical prescribed for the treatment of opioid addiction; and (d) the provider includes in the patient's medical record documentation that the amount of take-home medication provided was medically necessary.

In order to be paid for office-based opioid treatment, practitioners must submit DATA 2000 waiver documentation through the MITS provider portal and obtain a MITS provider type specialty of 704. After the 704 specialty is obtained, a FQHC or RHC may be paid for an E&M service associated with MAT and the provider-administered pharmaceuticals (e.g., J0571–J0575, J8499) under the prospective payment system. In addition, a FQHC or RHC may submit a separate professional claim for the dispensing of the medication (reported as HCPCS code T1502) and the take-home medication (e.g., S5000, S5000 HD, S5001 with dosage and duration) under its fee-for-service clinic identity (provider type 50). (Note: items and services reported on a fee-for-service clinic claim must not be included in any claim for wraparound payment.)

## **Additional Information**

The 340B Drug Pricing Program requirements set forth in Medicaid Advisory Letter (MAL) No. 617 apply.

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

The Medicaid managed care plans (MCPs) may have specific claim submission requirements that differ from the requirements for claim submission through the MITS provider portal. Questions about MCP claim submission requirements should be directed to the MCPs.

## **Questions**

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid.

Provider call center: (800) 686-1516

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