

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202243 JUNE 7, 2022

IHCP adds coverage for G2213 for opioid treatment in the emergency department

Effective July 7, 2022, the Indiana Health Coverage Programs (IHCP) will cover initiation and coordination of opioid treatment in the emergency department (ED) setting. For dates of service on or after July 7, 2022, the IHCP will cover procedure code G2213 – *Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)*.

Billing information

Billing information for procedure code G2213 includes the following:

- The service can be used for any or all of the following components:
 - Payment for assessment
 - Referral to ongoing care
 - Follow-up after treatment begins
 - Arranging access to supportive services



Note: Not all code components need to be completed for a provider to receive reimbursement for this service. Providers are instructed to only furnish the activities that are clinically appropriate for the member who is being treated. Only one unit of service can be billed. This code does not include payment for the medication itself.

- Pricing is based on the resource-based relative value scale (RBRVS).
- To receive reimbursement for G2213, a provider would report this code in addition to a regular ED visit evaluation and management (E/M) service on a professional claim (CMS-1500 claim form, Provider Healthcare Portal [Portal] professional claim or 837P electronic transaction).

Note: This code is not reimbursable on an outpatient or institutional claim (UB-04 claim form, Portal institutional claim or 837I electronic transaction).

For emergency services provided in an ED, the IHCP requires ED physicians to use Current Procedural Terminology (CPT^{®1}) codes 99281–99285 that reflect the appropriate level of screening exam.

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Prescribing vs. dispensing buprenorphine

Currently, licensed prescribers need to receive an “X-waiver,” as required by the *Drug Addiction Treatment Act of 2000* (DATA 2000), to **prescribe** buprenorphine to patients with opioid use disorder (OUD). To complete this mandated process, prescribers must complete a training course (eight hours for physicians, 24 hours for advanced practice registered nurses [APRNs]), and must submit a notification for intent (the buprenorphine waiver application) to the Substance Abuse and Mental Health Administration (SAMHSA).

Recent SAMHSA practice guidelines allows these applicable practitioners to treat up to 30 patients with OUD using buprenorphine without having to make certain training related certifications prior to submitting a Notice of Intent (NOI). However, Indiana Code [IC 12-23-21-3](#) still mandates that practitioners complete this training process.

When initiating medication-assisted treatment (MAT) in the ED (and in order to bill for G2213), emergency physicians must abide by existing laws and regulations. On the federal level, this requires that the provider has the X-waiver requirement for **prescribing** buprenorphine. However, the Drug Enforcement Administration (DEA) allows DEA-registered emergency physicians the flexibility to **dispense** (but not prescribe) a three-day supply of MAT, including buprenorphine and methadone, to treat patients experiencing acute opioid withdrawal symptoms while arrangements are being made for referral for treatment. Previously, this “Three Day Rule” was limited in that no more than one day’s medication could be administered to a patient at one time, and patients had to return to the ED within a 72-hour window to receive additional doses.

This flexibility was further expanded March 23, 2022, allowing a DEA-registered practitioner working in a hospital, clinic or ED, or any DEA-registered hospital/clinic the ability to request an exception to the one-day supply limitation currently imposed pursuant to *Code of Federal Regulations* [21 CFR 1306.07\(b\)](#). Therefore, the DEA will grant requests to allow a practitioner to **dispense** (but not prescribe) up to a three-day supply of the medication under the circumstances described in subsection 1306.07(b). For more information and where to email exception requests, see the [DEA Diversion Control Division](#) page at [deadiversion.usdoj.gov](#).



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