

# Medication for Opioid Use Disorder

## PURPOSE

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This policy describes ND Medicaid coverage for Medication for Opioid Use Disorder (MOUD) and Medication Assisted Treatment (MAT). MAT/MOUD are the use of medications approved by the US Food and Drug Administration (FDA), in combination with behavioral therapies and support services, to provide a whole-patient approach to the treatment of alcohol and opioid use disorders.

## APPLICABILITY

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### ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider's National Provider Identifiers (NPIs) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

This policy pertains to the following MOUD program providers:

- Opioid Treatment Program (OTP) – an accredited treatment program with the Substance Abuse and Mental Health Services Administration (SAMHSA) certification and Drug Enforcement Administration (DEA) registration to administer and dispense opioid agonist medications, including Methadone, that the FDA approves to treat opioid addiction. OTPs must provide medical, counseling, vocational, educational, and other assessment and treatment services, either onsite or by referral to an outside agency or practitioner through a formal agreement, as identified in the member's behavioral health individual treatment plan (ITP), or;
- Office-Based Opioid Treatment (OBOT) – must provide medical, counseling, vocational, educational, and other assessment and treatment services either onsite or by referral to an outside agency or practitioner through a formal agreement, as identified in the member's behavioral health ITP.

OTP services must be provided by a MOUD program accredited by a SAMHSA-Approved Opioid Treatment Program Accrediting Body.

The billing provider must be enrolled under Specialty Code 509 – Methadone/Taxonomy Code 261QM2800X.

## **ELIGIBLE MEMBERS**

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the Automated Voice Response System (AVRS) by dialing 1.877.328.7098.

Refer to the [Member Eligibility manual](#) for additional information regarding eligibility, including information regarding limited coverage categories.

ND Medicaid members eligible for MOUD services must:

- Have a diagnosed moderate or severe opioid use disorder;
- Be determined clinically appropriate for MOUD; and
- Agree to initiate MOUD and receive other services identified in the member's behavioral health ITP.

The member must require at least one face-to-face or telehealth check-in per month for prescribing or dispensing OBOT/OTP medication. For those receiving buprenorphine-based treatment, the prescriber has deemed it medically necessary to treat the member's opioid addiction with buprenorphine products.

## **COVERED SERVICES AND LIMITS**

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### **GENERAL PROVIDER POLICIES**

The [General Provider Policies](#) details basic coverage requirements for all services.

Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The [Procedure Code Look-up Tool](#) can be used to identify if a procedure code is covered by ND Medicaid, along with code-specific details such as Ordering/Referring/Prescribing requirements, Service Authorization requirements, and current rates.

For ND Medicaid to cover MOUD services, the MOUD provider must present the member with the following information, as evidenced by the signature of the member:

- All relevant facts concerning the use of MOUD are clearly and adequately explained;
- Other treatment options and detoxification rights;
- A written estimate of expenditure, including the amount expected to be covered by insurance and/or other payment sources and out-of-pocket expenditures for the member;
- Written program participation expectations and a list of incidents that require termination of program participation;
- Written procedures for non-compliance and discharge, including administrative medication withdrawal; and
- education pertaining to their prescription.

The provider must:

- Review the Prescription Drug Monitoring Program (PDMP) for the member's past and current use of controlled substance prescriptions prior to the induction of MOUD;
- Review the PDMP to determine if the member is receiving opioid or tramadol prescriptions concurrently with MOUD services;
- Offer behavioral health counseling services to the member, if clinically appropriate, and document it in the member's behavioral health ITP.
- Base services on a comprehensive physical, exam, screening, and assessment and documented in the member's behavioral health ITP;
- Complete an initial behavioral health ITP within seven days of enrollment into MOUD, update it at least every two months, and include the following medication addiction treatment services:
  - Plans for behavioral health services;
  - Care coordination services to address identified medical, social, SUD, and mental health issues; and
  - Signature of the member and the staff who prepared the behavioral health ITP.

Provider documentation must include:

- Medication prescribing and adjustment by a prescribing professional;
- Nursing assessment, medication tolerance, and vital signs;
- Lab test outcomes and treatment progress with MOUD; and
- Medication distribution.

Telehealth must be provided in accordance with applicable federal and state laws and policies, and in compliance with the Controlled Substances Act (CSA) (28 USC Part 802) for prescribing and administering controlled substances.

Members must be assessed for the MOUD program at intake by an enrolled Medicaid provider.

The following MOUD services are all-inclusive and must be billed using the appropriate HCPCS codes and modifiers.

#### MOUD INTAKE (HCPCS code H0016 Modifier -U7)

MOUD Intake (reimbursable for the first week of a member's enrollment into the MOUD program) includes:

- A face-to-face assessment by a physician, psychiatrist, nurse practitioner or physician assistant;
- Behavioral health assessment by a licensed addiction counselor;
- Drug testing;
- Pregnancy tests;
- Any other labs or tests performed as part of clinic protocols for their addiction treatment members; and
- Induction of medication.

MOUD Intake reimbursement limitations include:

- No more than one MOUD intake every twelve months for a member with the same provider clinic; and
- If the member has seen a practitioner at the provider clinic within the last twelve months, reimbursement will be denied; and
- All labs are included in the MOUD Intake payment, whether processed within the clinic or sent to an external lab.

#### MOUD ESTABLISHED (HCPCS code H0016)

MOUD Established (reimbursable beginning week two and weekly thereafter) must include the following:

- The member received their MOUD medication for the week being billed;
- For OTPs, a clinical assessment that meets the requirements in 42 CFR § 8.12(f)(4) must be conducted, face to face or by telehealth, as clinically appropriate, at least once every three months for the first year of continuous treatment, and at least once every six months for each subsequent year;

- For OBOTs, a visit with the prescriber every three months for the first year of continuous treatment, and at least once every six months for each subsequent year;
- Pregnancy tests;
- Drug testing;
- Any other labs or tests performed as part of clinic protocols for their addiction treatment members; and
- An update of the behavioral health ITP at least every two months.

MOUD Established reimbursement limitations include:

- No more than one MOUD Established service per year for a member with the same provider clinic; and
- All labs are included in the MOUD Established payment, whether processed within the clinic or sent to an external lab.

## **SERVICE AUTHORIZATION REQUIREMENTS**

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No service authorization required.

## **NON-COVERED SERVICES**

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### **GENERAL NON-COVERED SERVICES**

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

## **DOCUMENTATION REQUIREMENTS**

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### **GENERAL REQUIREMENTS**

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

## **REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS**

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### **TIMELY FILING**

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND

Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

### **THIRD-PARTY LIABILITY**

Medicaid members may have one or more additional sources of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

### **CLIENT SHARE (RECIPIENT LIABILITY)**

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

### **REIMBURSEMENT**

Claims for services must reflect the provider's usual and customary charges. However, reimbursement will be limited to the lower of either the provider's usual and customary charge or the Medicaid-calculated payment amount.

Laboratory tests associated with a member's Medication for Opioid Use Disorder (MOUD) treatment are covered under the MOUD Intake and MOUD Established payments and must not be billed separately. This applies to tests conducted both in-house and by external laboratories.

### **CLAIM FORM**

MOUD services must be billed using the CMS-1500 claim form or the 837p HIPPA compliant form. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

### **CLAIM REQUIREMENTS**

Meeting the requirements for covered services outlined above allows the provider to bill the weekly bundled rate and medication. For instance, when an ITP is updated, the provider can bill for the subsequent two months, and when an established patient in their second year has a visit for their required six-month clinical assessment, the provider can then bill for the subsequent six months.

The following HCPCS® Codes and modifiers must be used when billing for MOUD weekly bundled services.

<b>HCPCS Code/Modifier</b>	<b>Service</b>	<b>Frequency</b>
H0016 – U7	MOUD Intake	Once per year, per provider
H0016	MOUD Established	Weekly
H0020	Methadone & Administration at OTP setting	Daily as provided
H2010	Medication & Take-Home Packaging	Daily as provided
Applicable code	Buprenorphine	Based on code
Applicable CPT code	Insertion or removal of implant	Based on procedure

- Medication can only be billed in conjunction with receiving MOUD Intake or MOUD Established weekly bundled services.
- Medication (except medication used during induction) is not included within the bundled rate and may be reimbursed outside of the bundled rate.
- Buprenorphine (oral or implant) may be reimbursed outside of the bundled rate.
- Insertion and/or removal of Buprenorphine implant may be reimbursed outside of the bundled rate.
- Clinically appropriate screening and laboratory services associated with the provision of MOUD may not be billed separately. This also applies to labs sent out for processing.

### **FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)**

FQHCs may not bill the codes identified in the Billing Guidelines. FQHCs must follow the Coverage Services and Limits sections of this policy.

### **REFERENCES**

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

## **CONTACT**

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## **POLICY UPDATES**

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### **January 2026**

<b>Section</b>	<b>Summary</b>
	Format changes and clarifications throughout.