

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12259	Date: September 21, 2023
	Change Request 13383

SUBJECT: Instructions for Retrieving the January 2024 Opioid Treatment Program (OTP) Payment Rates Through the CMS Mainframe Telecommunications System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide instructions for the Medicare contractors to download and implement the annual Opioid Treatment Program (OTP) update file. In addition, Medicare contractors will need to be prepared to implement up to three revised OTP payment files for the January update in the event that technical errors are discovered or any other corrections are required.

EFFECTIVE DATE: January 1, 2024

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 2, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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EFFECTIVE DATE: January 1, 2024

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: This Change Request (CR) provides the Medicare contractors with instructions for downloading, testing, and implementation of the annual Opioid Treatment Program (OTP) update. In addition, Medicare contractors will need to be prepared to implement up to three revised January OTP payment files in the event that technical errors are discovered or any other corrections are required.

B. Policy: Section 2005 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act requires that the payment rates for Opioid Treatment Programs (OTPs) be updated on an annual basis. All of the codes in the OTP file can be billed by specialty D5 (Opioid Treatment Program). The OTP file will reflect all current allowable codes and reflects any newly added codes for 2024 dates of service. Codes deleted from the OTP list for 2024 dates of service have been removed from the 2024 OTP file.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		M A C	F I S S	M C S	V M S		C W F
13383.1	Medicare contractors shall download the 2024 Opioid Treatment Program (OTP) payment file from the CMS mainframe around November 1, 2023, or after.	X	X								VDC
13383.1.1	The CMS shall notify the contractors when the 2024 Opioid Treatment Program (OTP) payment file is available for downloading, along with the file name, through an e-mail notification via the Part A and Part B Functional Workgroups as soon as the 2024 Physician Fee Schedule (PFS) final rule goes on display (around November 1, 2023).										CMS

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
13383.1.2	<p>Contractors shall post the following link on their websites as soon as possible, but no later than 10 business days after receipt of the files: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/billing-payment</p> <p>NOTE: This link to the CMS website contains information about billing and payment for OTPs, including links to the national and locality-adjusted fees.</p>	X	X								
13383.2	In the event that corrections are required and a replacement 2024 Opioid Treatment Program (OTP) payment file is issued, contractors shall be prepared to retrieve up to three replacement OTP payment files from the CMS mainframe.	X	X							VDC	
13383.2.1	The CMS shall notify the contractors when the replacement file is available for retrieval, along with the file name, through an e-mail notification via the Part A and Part B Functional Workgroups.									CMS	
13383.2.2	<p>Contractors shall be ready to implement any replacement files no later than the January 2, 2024, implementation date of this CR, unless otherwise directed by CMS.</p> <p>(NOTE: Replacement files will not be issued under this CR too far into January, when claims are no longer routinely being held for the January Release. Any revisions after then will need a separate instruction.)</p>	X	X							CMS	
13383.3	Contractors shall notify CMS of successful receipt of the file described in requirement 1 and requirement 2 when a replacement file is issued, via e-mail to price_file_receipt@cms.hhs.gov , stating the name of the file received (e.g., CLAB, Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, workload numbers, quarter, and if Part A, Part B, or both).	X	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0