

## Report in Brief

Date: August 2023

Report No. A-09-22-03005

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Audit

To address the United States' opioid epidemic, section 2005 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act established a new Medicare Part B benefit category for opioid use disorder (OUD) treatment services furnished by opioid treatment programs (OTPs) beginning on or after January 1, 2020. As part of OIG's oversight of the integrity and proper stewardship of Federal funds used to combat the opioid crisis, we performed this audit to identify vulnerabilities, such as the potential for improper payments, for services covered in this new benefit category.

Our objective was to determine whether payments made to OTPs for OUD treatment services complied with Medicare requirements.

### How OIG Did This Audit

Our audit covered 2.1 million Medicare Part B claims for OUD treatment services provided to 40,067 Medicare enrollees from January 1, 2020, through September 30, 2021, for which Medicare paid \$364.1 million. A claim contained OUD treatment services for one or more weekly episodes of care or one or more add-on services.

We analyzed the claims data for OTPs' billing patterns for OUD treatment services. We obtained information from Medicare Administrative Contractors (MACs) about their claims adjudication systems and claims processing edits. We did not obtain or review documentation from OTPs, e.g., medical records.

## Medicare Made \$17.8 Million in Potentially Improper Payments for Opioid-Use-Disorder Treatment Services Furnished by Opioid Treatment Programs

### What OIG Found

Payments made to OTPs for OUD treatment services may not have complied with Medicare requirements. Specifically, Medicare made up to \$17.8 million in potentially improper payments to OTPs, consisting of the following payments: \$10.4 million for claims for which a bundled payment was made for a weekly episode of care (i.e., a weekly bundle) that was covered by a payment for another weekly bundle for the same enrollee at the same OTP; \$5.1 million for take-home supplies of medication (i.e., methadone or buprenorphine) that were covered by other payments for take-home supplies of medication or by payments for weekly bundles that included medication; \$1.3 million for OUD treatment services that were claimed without an OUD diagnosis; and \$1 million in payments for intake activities that occurred a total of 14 or more times for the same enrollee during our audit period.

These potentially improper payments occurred because, among other causes, CMS did not instruct MACs to implement system edits to prevent OTPs from being paid for OUD treatment services covered by other Medicare payments for the same enrollee at the same OTP.

### What OIG Recommends and CMS Comments

We made six recommendations to CMS, including that CMS: (1) work with MACs and other Medicare contractors to determine whether claims billed by OTPs for OUD treatment services complied with Medicare requirements; (2) instruct MACs, based upon the results of this audit, to notify appropriate providers so that the providers can exercise reasonable diligence to identify, report, and return any overpayments, up to \$17.8 million, in accordance with the 60-day rule; and (3) instruct MACs to implement edits in their claims processing systems to prevent an OTP from being paid for two weekly bundles with the same service date for the same enrollee at the same OTP. The full text of our recommendations is shown in the report.

CMS concurred with four of six recommendations and provided information on actions that it planned to take to address these recommendations. CMS did not explicitly state whether it concurred with one recommendation. CMS did not concur with another recommendation and stated that our audit alone is not sufficient basis upon which CMS can support a 60-day-rule notice of overpayments to identified providers. We maintain that our recommendations are valid because we believe that this audit report constitutes credible information of potential overpayments.