



**TO: ALL OASAS Opioid Treatment Programs**

**Reminder: Status Update of OASAS Opioid Treatment Program (OTP) Bundles to Ambulatory Patient Groups (APG) Methodology**

**Impacted LOBs: Medicaid, HIV SNP, HARP, and MAP**

Dear MetroPlusHealth Provider,

Effective for dates of service on or after **November 3, 2025**, the bundled rate codes 7969–7976 have been zeroed out for all providers except Federally Qualified Health Centers (FQHCs) that have opted out of APG billing.

FQHCs that have opted out of APG billing may continue to use bundled rate codes 7969–7976 *or* rate code 1671, but these codes may not be billed together within the same week. Please refer to the APG Billing Manual excerpt below for additional guidance.

We kindly ask that you re-submit corrected claims and ensure that all future claims adhere to the billing requirements outlined in the OASAS APG Clinical and Medicaid Guidance attached.

**Adding OTP Bundles to APGs**

Effective July 1, 2024, OTP bundle services were bought under the APG methodology. To receive the bundle payment under APGs, OTP/COP programs must use the appropriate CPT codes (G2067, G2068, G2078, G2079) when providing qualifying bundle services.

Additionally, they may bill for substance use disorder (SUD) services that fall outside of the OTP bundle on the same APG claim. Claims for APG billing for OTP services will continue to be submitted weekly.

Providers will still have the option of using the bundled rate codes, rather than billing them through APGs, until November 3, 2025. After this date, the bundled rate codes (7969 – 7976) will be zeroed out for all providers, except Federally Qualified Health Centers (FQHC) that have opted out of APG billing. This transition period allows providers to adjust their billing systems to accommodate bundled codes under APGs.

This change enables providers offering services in the community, including through mobile medication units, to bill the bundles under APG rate codes 1080 or 1088 and receive the enhanced reimbursement associated with those codes.

Please re-submit corrected claims and ensure that your future claims are billed following the above guidance.

If you have any questions regarding this memo, please contact MetroPlusHealth at:  
[ProviderRelationsOps@metroplus.org](mailto:ProviderRelationsOps@metroplus.org).

Thank you.  
MetroPlusHealth