Naloxone Billing and Coding Guide

Applies to dates of service on or after September 1, 2025

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Purpose

This guide explains CareOregon billing and coding requirements for take-home naloxone provided through an opioid treatment program (OTP), a hospital or emergency department, or an outpatient pharmacy.

Billing pathway by setting

The setting or provider type that furnished or dispensed the naloxone determines the applicable billing pathway.

Setting or provider	Applicable pathway	Key requirement
Qualifying opioid treatment program (OTP)	G2215 for a 2-pack of 4 mg/0.1 mL nasal spray, or G1028 for a 2-pack of 8 mg/0.1 mL nasal spray.	The billing entity is an OHA-certified OTP enrolled with Medicare as an OTP. The code is billed in addition to the applicable primary OTP procedure.
Hospital or emergency department	An unclassified HCPCS drug code (for example, J3490) plus the product NDC on the institutional claim, per the hospital's regular medication-billing process.	Furnishing two doses at discharge does not make the ED eligible to bill an OTP-specific code.
Outpatient pharmacy	A pharmacy claim using the dispensed product's current National Drug Code (NDC).	The current CareOregon formulary and member-specific pharmacy coverage requirements apply.
State-funded or no-cost supply	No separate claim for the product supplied at no cost.	The claim must not duplicate payment for naloxone obtained through a grant, state-funded program, or other no-cost distribution source.

Emergency department use of G1028 and G2215

An emergency department may not bill G1028 or G2215 solely because it furnishes take-home naloxone at discharge. These codes apply only when the billing entity is furnishing the service as a qualifying opioid treatment program. Hospitals and emergency departments use their established medication-billing process for take-home naloxone instead.

Coverage overview

Pharmacy benefit: CareOregon covers nasal naloxone without prior authorization, subject to the current formulary and the member's benefit.

OTP take-home supply: CareOregon recognizes G1028 and G2215 for qualifying OTPs. CareOregon requires a Certificate of Approval for opioid treatment programs.

Hospital discharge: Oregon's hospital discharge requirements address furnishing naloxone to qualifying patients. They do not remove the provider limitations contained in the HCPCS descriptors.

OTP coding requirements

Code	Service represented	Billing requirements
G2215	Take-home supply of nasal naloxone, 2-pack of 4 mg per 0.1 mL nasal spray.	Qualifying OHA-certified, Medicare-enrolled OTP. Listed separately in addition to the primary procedure; one occurrence represents the 2-pack.
G1028	Take-home supply of nasal naloxone, 2-pack of 8 mg per 0.1 mL nasal spray.	Qualifying OHA-certified, Medicare-enrolled OTP. Listed separately in addition to the primary procedure; one occurrence represents the 2-pack.

Frequency: G1028 or G2215 is limited to once every 30 days. An additional supply within 30 days applies when the member overdosed and used the original supply, the replacement is medically reasonable and necessary, and the reason is documented in the medical record.

Claim requirements for G1028 and G2215

Billing entity: the entity reporting the code is an OHA-certified OTP and a Medicare-enrolled OTP.

Primary procedure: the naloxone code is an add-on to the applicable primary OTP procedure and is not a stand-alone service.

Code selection: the code matches the strength and package furnished — G2215 for the 4 mg 2-pack or G1028 for the 8 mg 2-pack.

Units: one occurrence represents one qualifying 2-pack; the code does not represent each individual spray or milligram.

Authorization: authorization requirements follow the provider's contract for the associated OTP service.

Documentation for OTP claims

- Naloxone product, formulation, strength, package quantity, and date furnished.
- The applicable primary OTP service and the member receiving the take-home supply.
- The billing entity's qualifying OTP certification and enrollment status.
- Medical necessity and the reason for any additional supply furnished within 30 days.

- Confirmation that the billed product was not obtained at no cost through another distribution program.

Hospital and emergency department billing

Oregon requires a hospital to furnish two doses of an opioid-overdose reversal medication to certain patients discharged to home or another private setting after treatment for opioid use disorder. A prescription alone does not satisfy the furnishing requirement.

Can an ED bill G1028 or G2215 for the take-home supply? No, unless the billing entity is furnishing the service as a qualifying OHA-certified, Medicare-enrolled OTP and all code requirements are met.

How is take-home naloxone billed by a hospital? The kit is billed as a medication charge on the institutional claim using an unclassified HCPCS drug code (for example, J3490) and the product's 11-digit NDC. Revenue code 636 applies when a nonspecific procedure code is billed, and modifier UD applies only when the product was purchased through 340B pricing.

What if the hospital has an outpatient pharmacy? When the product is dispensed through the outpatient pharmacy, the pharmacy claim uses the product NDC and applicable pharmacy-benefit requirements.

Does the two-dose furnishing requirement establish separate reimbursement? No. A furnishing requirement does not independently establish eligibility for a particular HCPCS code or guarantee separate payment.

Hospital documentation

- The clinical reason the patient met the hospital's naloxone-discharge criteria.
- The product, strength, quantity, and date furnished to the patient.
- Discharge education or instructions provided, when documented under hospital policy.
- A patient refusal, departure before receipt, or other applicable exception.
- The HCPCS drug code, product NDC, and revenue code recorded on the medication charge, consistent with the billing pathway above.

Claim review checklist

☐ Correct pathway: the OTP HCPCS claim, hospital medication claim, or outpatient pharmacy claim matches the entity that furnished or dispensed the product.

☐ No duplicate payment: the same naloxone supply is not billed through more than one pathway.

☐ Product match: the billed code or NDC matches the actual formulation, strength, and quantity furnished.

☐ Eligibility and enrollment: the member and billing provider meet requirements on the date of service.

☐ Timely filing and contract terms: the claim meets applicable CareOregon submission and contractual requirements.

This guide provides general billing and coding information. Coverage and claim outcomes depend on member eligibility, benefit coverage, provider enrollment, contract terms, authorization requirements, the date of service, and the accuracy of the submitted claim. Current CareOregon publications and fee schedules apply.

References

Oregon Health Authority

Billing Oregon Health Authority for Medication-Assisted Treatment Medications.
Oregon Medicaid G1028 information and OTP provider limitation.

Hospital SB 1043 Fact Sheet.
Hospital furnishing, documentation, and regular medication-billing guidance.

OHP Hospital Services Provider Guide.
Institutional drug-billing mechanics: unclassified HCPCS code plus NDC and revenue code 636 for nonspecific procedure codes.

OHP Institutional Billing Instructions.
Form Locator 44: modifier UD for physician-administered drugs purchased through a 340B entity.

Centers for Medicare & Medicaid Services

Medicare Claims Processing Manual, Chapter 39: Opioid Treatment Programs.
HCPCS descriptors, OTP enrollment limitation, add-on status, and 30-day frequency rule.