

Opioid reversal medication frequently asked questions

FAQs

What provider types are covered by this policy?

This policy covers hospitals licensed under Chapter 70.41 RCW, behavioral health agencies (BHAs) licensed under Chapter 71.24 RCW, and pharmacies that dispense opioid reversal medication through a partnership or in relationship with a BHA. Any other providers or situations outside of what is described in RCW 70.41.485 or RCW 71.24.594 are outside the scope of this policy.

Are non-hospital inpatient providers covered by this policy?

No. Only hospital inpatient providers are covered.

Are there any restrictions as to which approved servicing provider types are covered by this policy?

No. This policy covers all servicing provider types working in hospitals, pharmacies, and behavioral health agencies.

Can pharmacies seek payment for a dispensing fee in addition to requesting reimbursement for naloxone?

No, the law states that reimbursement is for the cost of the medication and not for any services performed in the dispensing of the medication.

Are providers in approved border cities covered by this policy?

Hospitals licensed under Chapter 70.41 RCW, behavioral health agencies (BHAs) licensed under Chapter 71.24 RCW, and pharmacies that dispense naloxone through a partnership or in relationship with a BHA licensed under Chapter 71.24 RCW may be approved for reimbursement through this policy.

If an eligible provider has dispensed naloxone prior to learning of this policy, can they seek reimbursement retroactively?

Yes. Reimbursement is available for naloxone dispensed on or after January 1, 2022. Providers may only bill for the cost of the drug dispensed.

How long do providers have to request reimbursement under this policy?

Providers must request reimbursement within one year after the dispense date.

Which patients are covered by this policy?

Any uninsured patient presenting to one of the three approved provider types with opiate overdose, opioid use disorder, or other adverse event related to opioid use, consistent with RCW 70.41.485(1) and RCW 71.24.594(1).

How do patients with insurance or Apple Health coverage obtain naloxone?

Naloxone is available through the patient's insurance or Apple Health coverage.

How can providers verify a patient has no insurance or Apple Health coverage?

Insurance status (including Apple Health) can be verified by the usual means a provider uses to do this. To verify a patient's Apple Health coverage, visit our [Contact Us](#) page, and select the topic "Client Eligibility".

What proof do providers need to have to verify to HCA a patient has no other coverage?

Providers need only attest to the lack of coverage by requesting reimbursement for naloxone, which implies they have verified the patient is uninsured.

Are interpreter services related to dispensing opioid reversal medication covered by this policy?

No. As with all other uninsured patients, providers must use their own internal processes for meeting their interpreter service obligations for patients they are unable to communicate with.

Can a patient have a friend or family member obtain naloxone on their behalf?

No. This policy covers only distribution of naloxone directly to patients presenting with opiate overdose, opioid use disorder, or other adverse event related to opioid use, consistent with RCW 70.41.485(1) and RCW 71.24.594(1).

Are Apple Health clients with only Medicare Savings Programs (i.e., SLMB, QMB, QI-1 benefit services packages) covered by this policy?

No. These clients have coverage through Medicare, which covers naloxone.

Are Apple Health clients with Family Planning Services Only (FPSO) coverage covered by this policy?

This policy covers the distribution of naloxone to patients who do not have insurance coverage.

If a provider learns they have made an error in submitting for reimbursement, what course of action should they take to let us know they have been overpaid (or underpaid) due to that error?

Contact the HCANaloxoneReimbursement@hca.wa.gov for assistance.

Are there specific National Drug Codes (NDC) related to covered opioid reversal medication products, or are the products identified by drug name alone?

This program is not restricted to specific NDC.

Is there any possibility of providers being supplied with naloxone supplemental payments prior to obtaining an of these products, rather than seeking reimbursement after dispensing?

No, this program only reimburses providers who have already dispensed the drug.

How many naloxone doses can be dispensed per client, and how often?

Nasally administered dosage of opioid reversal medication, like Narcan, is dispensed in packs of two. At this time, HCA recommends providers dispense the minimum amount of opioid reversal medication necessary for the patient as to allow HCA to maximize the number of patients who may benefit from this policy. HCA has not set a limit on how often doses may be dispensed or in what quantity. However, HCA will be collecting

information on cases in which a patient is dispensed more than one prescription of naloxone to better understand the needs of the community. HCA will be data generated by this policy to potentially set limits in the future.

How long will this policy be in effect?

This policy will be in effect as long as funding is available.

Where can I find reimbursement rates for this program?

This program reimburses naloxone per the [NADAC 2022](#) rates.

Do providers enter a contract before you start billing with HCA or is it active upon billing for uninsured reimbursement?

No, contracting is not required for reimbursement.

What is the timeline for reimbursement once forms are submitted?

Providers contracted with Apple Health whose reimbursement request are processed by COB Monday will be paid on their ProviderOne remittance advice the following Friday. Because non-contracted providers cannot be paid through ProviderOne, we must manually issue and mail them a reimbursement check, which will take several days longer.