MEDICATIONS FOR OPIOID USE DISORDER

Billing and Coding for Office-Based Treatment



This tool is designed to assist primary care practices with navigating the coding and reimbursement process by providing clear guidance on the appropriate use of CPT and ICD-10 codes when delivering care for OUD. It includes guidance on coding for various aspects of OUD treatment, including Medications for Opioid Use Disorder (MOUD), urine drug testing, and Medicare bundled codes for practices with embedded behavioral health services.

Billing Codes for Treating OUD

Office-based treatment of Opioid Use Disorder (OUD) may be integrated into primary care practices by licensed medical professionals (MD, DO, PA, APRN). Standard billing procedures and codes, used for typical E/M visits, may be utilized for these services.

Service codes used to bill for OUD are often the same as codes for other primary care visits.

Primary Care Billing for SUD Services

As for other primary care visits, the key components to select the appropriate level of service (LOS) are time and/or Complexity of Medical Decision-Making (MDM). Providers may use CPT codes for OUD treatment that they are accustomed to using for outpatient evaluation and management (E/M).

BILLING CODE	TIME-BASED CODING	MDM-BASED CODING		
New Patient				
99202	15-29 mins	Straightforward		
99203	30-44 mins	Low		
99204	45-59 mins	Moderate		
99205	60-74 mins	High		
Established Patient				
99211	N/A (minimal needs)	N/A (minimal needs)		
99212	10-19 mins	Straightforward		
99213	20-29 mins	Low		
99214	30-39 mins	Moderate		
99215	40-54 mins	High		

New Patient (99202-99205)

- MOUD treatment initiation visits often meet criteria for 99204 and it is not unusual for visits to be billed at 99205.
- Established Patient (99212-99215)
- Prolonged Visit (+99415 and +99416)
 - Add when time extends at least 30 minutes beyond standard visit length—beyond 75 minutes for new patients or beyond 55 minutes for established patients (e.g., in-office buprenorphine initiation or observation after an injection).
 - · 30-74 minutes: Add (+99415)
 - 75-104 minutes: Add (+99415 and +99416)
 - 105+ minutes: Add (+99416) for each additional 30 minutes

Other CPT codes that may be relevant to OUD treatment include:

- Drug Test (80305) (e.g., immunoassay)
 - Can be billed once per day and can be used in conjunction with an E/M visit. However, it's essential to ensure it is appropriately documented as part of the patient's evaluation and treatment plan during the E/M visit. The E/M service should be separately identifiable and well-documented to avoid issues with bundling.
- Therapeutic Injection (96372) (e.g., naltrexone or buprenorphine)
 - Can be billed in conjunction with an E/M visit, however the E/M service must be separately identifiable from the injection service.
 - This code is typically used when the injection is administered by a healthcare provider other than the physician, or when the physician's work involved the injection itself and not other significant services.
 - When billing with an E/M code, use modifier (25) with the E/M code to indicate that a significant, separately identifiable E/M service was performed on the same day as the injection.
- Telehealth "Modifier" Codes
 - Interactive Audio and Video (95 or GT), preference for 95 or GT may vary by payor.
 - Place of Service Code (O2) should be used to specify the service was provided via telehealth.
 - These modifier codes are added to the CPT codes noted above.

Medicare Bundled Payments for Office-Based SUD Treatment Services

The Medicare Physician Fee Schedule (PFS) includes coding and payment for a monthly bundle of office-based services for SUD treatment that includes overall management, care coordination, individual and group psychotherapy, substance use counseling and an add-on code for extraordinary circumstances requiring additional treatment and resources. Primary care practices with embedded behavioral health services may utilize bundled codes and should consider individual vs bundled reimbursement to determine which benefits the practice the most.

- Initial Month of Treatment (G2086)—includes intake activities, development of a treatment plan, assessments to aid in the development of the treatment plan, care coordination, individual therapy, group therapy and counseling. It requires at least 70 minutes in the first calendar month.
- Subsequent Months of Treatment (G2087)—includes care coordination, individual therapy, group therapy, and counseling. It requires at least 60 minutes in a subsequent calendar month.
- Extraordinary Circumstances (G2088)—can be billed in circumstances when effective treatment requires additional resources for a patient that subsequently exceed the resources included in the base codes. The add-on code would address extraordinary circumstances that are not contemplated by the bundled code. It can be used for each additional 30 minutes beyond the first 120 minutes and should be listed separately in addition to the primary code for primary procedure.

These codes are not limited to any particular physician or non-physician practitioner (NPP) specialty, but CMS recommends that practitioners furnishing OUD treatment services should consult with addiction specialists, as clinically appropriate.

These codes may be billed in addition to the E/M codes that are reported for E/M services.

At least one psychotherapy service must be furnished in order to bill for G2086 or G2087, as their payment rate incorporates the resource costs involved in furnishing psychotherapy.

CMS recognizes that stable patients may not require monthly psychotherapy and encourages clinicians to use existing codes that describe care management services (CPT Codes 99484, 99492, 99493, and 99494) and E/M services rather than the codes for SUD service bundles for patients who do not require at least monthly psychotherapy.

Medicare SUD bundle codes are not applicable for FQHCs or RHCs. Instead, these organizations can use CCM, CoCM, and BHI billing codes to cover these services.

Diagnostic Codes

The use of ICD-10 diagnostic codes for Opioid Use Disorder (OUD) is a critical component in the accurate identification, treatment, and billing for services related to opioid addiction. Utilizing the various types and severities of opioid dependence in billing and coding allows for increased precision in diagnosing and treating OUD.

- Opioid Dependence, Uncomplicated (F11.20)—A person has not developed additional significant physical or psychological complications from opioid use.
- Opioid Dependence, in Remission (F11.21)—A period of 3 months or more of successfully managing their condition.
- Opioid Dependence, with Intoxication (F11.22)—
 A condition of body-wide symptoms making the patient feel ill and impaired.
- Opioid Dependence with Withdrawal (F11.23)—
 Withdrawal symptoms may include cravings, sweating,
 nausea, vomiting, diarrhea, lack of appetite, tremors,
 watery eyes, runny nose, yawning, and/or muscle pain.

Medicare CPT Payment Summary 2023

CPT CODE	DESCRIPTION	PAYMENT/PATIENT NON-FACILITIES	PAYMENT/PATIENT FACILITIES
G2086	 Office-based treatment for substance use disorder. Includes development of the treatment plan, care coordination, individual therapy, group therapy, counseling. At least 70 minutes in the first calendar month. 	\$378.54	\$278.37
G2087	 Office-based treatment for substance use disorder. Includes care coordination, individual therapy, group therapy, counseling. At least 60 minutes in a subsequent calendar month. 	\$343.82	\$296.22
G2088	 Office-based treatment for substance use disorder. Includes care coordination, individual therapy, group therapy, counseling. For each additional 30 minutes beyond the first 120 minutes. List separately in addition to code for primary procedure. 	\$59.18	\$34.38

REFERENCES