



## Billing and Coding Guidance

**Topic:** Prescriber Billing for Office-Based Treatment of Opioid Use Disorder

**Last updated:** 5/18/2020 (Derek Blevins, MD)

Office-based treatment is regular medical care provided in customary settings by regular physicians (MD or DO), physician assistants (PA), or advanced practice registered nurse (APRN or NP). Therefore, billing procedures are standard ones.

### **BILLING CODES**

Providers bill for professional services using billing codes developed by the AMA. Current Procedural Terminology (CPT) codes are developed by consensus panels and updated regularly. All payors accept CPT billing codes. There are no addiction-specific CPT codes. Addiction medicine/psychiatric provider service codes are the same as codes for other ambulatory care services.

The key components to select the appropriate level of service are:

- (1) Extent of the history;
- (2) Extent of the examination; *and*
- (3) Complexity of medical decision-making.

While “typical times” are associated with levels of service, appropriate code selection depends on meeting metrics within these key components with documentation that should correspond to having satisfied those metrics, *with the exception of:*

- (1) Time-based psychotherapy codes (mental health practitioners only); *or*
- (2) Visits when *counseling and/or coordination of care accounts for more than 50% of the encounter*, which allows the provider to select the billing code with the “typical time” that corresponds to the face-to-face time during the encounter.

Significant counseling and/or coordination of care may be a common component of OUD treatment visits. If this is used to justify using the code that corresponds most closely with the time spent in session, it should be documented in the relevant clinical note.

**All providers** (non-psychiatric and psychiatric) may use CPT codes for OUD treatment that they are accustomed to using for outpatient evaluation and management (E/M):

- **New Patient (99201-99205)**
  - Standard of care MOUD treatment initiation visits should *at least* meet the criteria for CPT code 99204.
- **Established Patient (99211-99215)**
  - Standard of care MOUD treatment follow-up visits should *at least* meet the criteria for CPT code 99213.



- Prolonged Visit (added to E/M code when time extends at least 30 minutes beyond “typical time”; e.g. in-office buprenorphine initiation or observation after an injection)
  - 30-74 minutes (**+99354**)
  - 75-104 minutes (**+99355**)
  - 105+ minutes (**+99354+99355+99355**)

**Psychiatric providers** may choose to use psychiatric CPT codes for outpatient treatment:

- New Patient (**90792**): Psychiatric diagnostic evaluation with medical services
  - Approximates 99204 code used by non-psychiatric providers
- Psychotherapy Add-On Codes (when combined with E/M codes 99201-99205 or 99211-99215; cannot be added to 90792)
  - 30 minutes (**+90833**): 16-30 minutes face-to-face
  - 45 minutes (**+90836**): 38-52 minutes face-to-face
  - 60 minutes (**+90838**): 53+ minutes face-to-face
- Outpatient Group Psychotherapy (**90853**)
- Family Psychotherapy, with patient present (**90847**)

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

- Drug test (e.g. immunoassay) (**80305**)
- Therapeutic injection (e.g. naltrexone or buprenorphine) (**96372**)

**Telehealth “modifier” codes:**

- Interactive audio and video (**95** or **GT**)
  - Modifier codes are added to the same CPT codes above
  - Preference for 95 or GT may vary by payor
  - Place of service code **02** is also used to specify telehealth

## **DIAGNOSTIC CODES**

While the DSM-5 (APA, 2013) modified terminology of “substance dependence” to “substance use disorder,” the ICD-10 (WHO, 2010) maintains the prior terminology. “Opioid use disorder, mild” in DSM-5 tracks to “opioid abuse” in ICD-10, while “opioid use disorder, moderate or severe” tracks to “opioid dependence.” ICD-11 is expected for 2022 and will continue with “abuse/dependence” terminology.

Relevant ICD-10 diagnostic codes:

- **F11.20 Opioid dependence, uncomplicated**
- **F11.21 Opioid dependence, in remission**

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