Billing & Coding Guidance

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

**Last updated:** 6/28/2021 (Derek Blevins, MD)

Office-based treatment is regular medical care provided in customary settings by regular physicians (MD or DO), physician assistants (PA), advanced practice registered nurses (APRN or NP), or certified nurse-midwives (CNM). 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 outpatient services. **Beginning January 1, 2021, AMA revised CPT E/M codes for office or other outpatient visits to reduce provider burden and increase focus on patients.**

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

1. **Time; or**
2. **Complexity of medical decision-making (MDM).**

*Note:* 2021 guidelines removed requirements for medical history and physical exam. These elements should be completed and documented when medically appropriate.

**Time-based** coding differs between **new** and **established** patients (see table below) and includes both face-to-face and non-face-to-face time spent by the provider on the day of the encounter. Remember to document time spent per encounter in the medical record.

**MDM-based** coding includes 3 elements, and 2 or 3 must meet the threshold for complexity:

1. Number of possible diagnoses and/or management options;
2. Amount and/or complexity of data to be obtained, reviewed, and analyzed; and
3. Risk of complications, morbidity, and/or mortality.

<table>
<thead>
<tr>
<th></th>
<th>Time</th>
<th>MDM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99202</td>
<td>15-29 mins</td>
<td>Straightforward</td>
</tr>
<tr>
<td>99203</td>
<td>30-44 mins</td>
<td>Low</td>
</tr>
<tr>
<td>99204</td>
<td>45-59 mins</td>
<td>Moderate</td>
</tr>
<tr>
<td>99205</td>
<td>60-74 mins</td>
<td>High</td>
</tr>
<tr>
<td><strong>Established Patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99211</td>
<td>N/A (minimal needs)</td>
<td>N/A (minimal needs)</td>
</tr>
<tr>
<td>99212</td>
<td>10-19 mins</td>
<td>Straightforward</td>
</tr>
<tr>
<td>99213</td>
<td>20-29 mins</td>
<td>Low</td>
</tr>
<tr>
<td>99214</td>
<td>30-39 mins</td>
<td>Moderate</td>
</tr>
<tr>
<td>99215</td>
<td>40-54 mins</td>
<td>High</td>
</tr>
</tbody>
</table>
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). The 2021 guidance permits the provider to select the higher level of service between time-based versus MDM-based coding for appropriate reimbursement.

- **New Patient (99202-99205)**
  - Standard of care MOUD treatment initiation visits should at least meet MDM criteria for CPT code 99204 and would likely meet the time-based criteria for 99205.

- **Established Patient (99211-99215)**
  - Standard of care MOUD treatment follow-up visits would likely meet time-based criteria for CPT code 99213 and should at least meet the MDM criteria for CPT code 99214.

- **Prolonged Visit** (added when time extends at least 30 minutes 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 (**+99415**)
  - 75-104 minutes (**+99415 and +99416**)
  - 105+ minutes (**add +99416 for each additional 30 minutes**)

**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
  - Note: Psychiatric providers may choose to use CPT code 99205 if more appropriate based on time and/or MDM.

- **Psychotherapy Add-On Codes** (when combined with E/M codes 99202-99205 or 99211-99215; cannot be added to 90792)
  - 30 minutes (**+90833**): 16-37 minutes face-to-face
  - 45 minutes (**+90836**): 38-52 minutes face-to-face
  - 60 minutes (**+90838**): 53+ minutes face-to-face
  - Note: Consideration should be given when combining two time-based codes, with careful documentation of time per code. Psychiatric providers may want to consider using MDM-based E/M coding when using add-on psychotherapy codes, when appropriate.

- **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