

## Billing & Coding Guidance

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

**Last reviewed and released:** May 2024

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.

	<b>Time</b>	<b>MDM</b>
<b>New Patient</b>		
99202	15-29 mins	Straightforward
99203	30-44 mins	Low
99204	45-59 mins	Moderate
99205	60-74 mins	High
<b>Established Patient</b>		
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



**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**