

Coding and Billing for OUD

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Rules of Thumb



- ▶ ICD-10 Code 11.2x
- ▶ Most prescriber visits for buprenorphine are coded as general medical (E+M) visits
 - 9920x for new patients
 - 9921x for existing patients
- ▶ 03/13= 15 minutes
- ▶ 04/14= 25 minutes
- ▶ 05/15= 40 minutes



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Assessment Visit

- ▶ Medical
 - E+M visit per time codes and new/existing (992xx)
 - Consultation 99244 if communication with primary provider (no Medicare or Medicaid)
- ▶ Behavioral
 - Diagnostic interview 90791 (non-medical provider)
 - Diagnostic interview 90792 (medical provider)
 - H0001 Alcohol drug assessment
 - H0031 for BA-level Assessment

Induction Visit




- ▶ Medical
 - E+M visit per time codes (likely 99215, ~40 minutes)
 - Add-on codes FOR PRESCRIBER TIME ONLY for office induction; accumulate time over entire induction
 - Currently, uncertain/lacking about non-prescriber monitoring codes
- ▶ Behavioral
 - 90832, Psychotherapy
 - Consider H0032 if mostly treatment planning

Maintenance Visit

- ▶ Medical
 - E+M visit per time codes (99213–4, 15–25 minutes)
- ▶ Behavioral
 - Psychotherapy
 - 90832 (16–37 minutes)
 - 90834 (38–52)
 - 90837 (>53)
 - Psychotherapy done by prescriber separate from medication management (must be billed with E+M)
 - 90833, 90836, 90838

Add-on Codes

Service	Code	Time	Criteria	Destination (Medicaid)
Smoking Cessation	99406	3–10 minutes		FFS-- \$10
	99407	> 11 minutes		FFS--\$20
SBIRT	99408	15–30 minutes	Discussion of other substance use risks, naloxone education	FFS--\$32
	99409	> 30		FFS--\$65
Additional complexity	90785	Not specified	Psychotherapy of high complexity—translator, family	BH
Induction	H0033	Episode	Cigna BH for induction episode	Commercial
Induction	H0050	Episode	Aetna BH for induction episode	Commercial



Adherence Monitoring

- ▶ Drug Tests
 - Presumptive
 - 80305: Manual, read visually
 - 80306: Manual, read by an instrument
 - H0003 (OBH Only)
 - Definitive
 - G0480–G0483, depends on number of drugs tested; consult your lab

Adherence Monitoring

- ▶ Other Adherence Monitoring (med counts, PDMP checks)
 - 99490/G0511, Chronic Care Management: Requires 20+ minutes per month, 2+ chronic conditions. SUD+Smoking, other chronic conditions
 - NOT a CO Medicaid benefit, but Medicare, commercial?
 - Use H0006 for Medicaid case management

OBH Rules on Licensure

CMHC or SUD-specific clinic:

"If a CMHC is trying to provide MAT as a part of the **coordinated model of care**, they have to follow the same rules and regulations for all clients... **I believe Health Solutions has a bupe clinic on premises that operates under a separate license.**"



OBH Rules on Licensure

OBOT/FQHC/Primary Care:

"When the primary function of a physician's office-based practice is medical care, rather than substance abuse treatment or behavioral health treatment, it is the Department's interpretation of state statute and rule that the physician does not need an "approved treatment facility" license to prescribe buprenorphine to be dispensed in a retail pharmacy."

Recent changes in billing, etc.

- ▶ Telehealth: My understanding is that the first visit still has to be in a doctor's office, but that the restrictions on non-HPSA/rural areas will be eliminated 7/1/2019 and DEA might eliminate all restrictions soon
- ▶ Colorado Medicaid now allows Vivitrol administration at pharmacy through collaborative practice agreement
- ▶ Sublocade is a covered benefit

Options for building MAT program with regard to billing

- ▶ Run separate MAT program with NP that provides induction, maintenance and basic counseling
 - No OBH licensure/intake
 - Less restrictions on care
 - Bill everything to DXM
- ▶ Step people up to CMHC level if:
 - SPMI
 - Counseling needs > 6 visits
- ▶ Telemedicine is completely untapped; consider for initial visit
 - Consider July expansion

Visit/Medication Coverage



- Extent to which medication is covered varies by payer.
 - Medicaid covers office-based buprenorphine treatment.
 - Med prior authorization is required but quite easy.
 - Medicare covers office-based buprenorphine; pharmacy prior authorization may be more difficult depending on the insurer.
 - Almost all major insurances cover the cost of the prescription.
- Uninsured pts can apply for a patient assistance program (PAP) for buprenorphine
 - Free medications for up to one year
 - Each prescriber is allowed three patients on this program.
 - Coupons are available for eligible patients at: <http://www.suboxone.com/treatment-plan/savings-card?cid=subx>
 - Or consider generic tabs (much cheaper, \$1.50 for monoproduct and \$2.50 for combo)

Medications for Medicaid vs. Self-Pay

Medication	Products	Dose	Route	Per-Month Self-Pay Cost with coupon
Suboxone	Combo	2/0.5	SL tab/film	\$144
		4/1, 8/2		\$250
		12/3		\$494
Zubsolv	Combo	1.4/0.36	SL tab	\$132
		5.7/1.4		\$255
		8.6/2.1		\$380
Buprenorphine	Mono	11.4/2.9	SL tab	\$503
		8 mg		\$28
		8 mg		\$43.50
Generic	Combo	8 mg	SL tab	\$75
Sublocade	Mono	100, 300	IM	\$1,580



Resources

MAT

- [PCSS-NOW "Summary of Medications for Opioid Addiction Treatment"](#)
- [SAMHSA, Tip 63: "Medications for Opioid Use Disorder" Billing and Coding](#)
 - ▶ [IT-MATTRS Billing and Coding Guide](#)
 - ▶ [Colorado Uniform Service Coding Standards](#)
 - ▶ [6 Visits Summary](#)
 - ▶ [Drug Testing](#)
 - ▶ [Ryan Haight Act](#)
 - ▶ [Support Act](#)