

**Billing and coding for Mat or MOUD taken from *IT Matters Colorado* and updated April 2022 by Pamela Ballou Nelson with information from Enos Medical Coding**

At check-in collect all applicable co-pays based on patient's insurance or fee schedule rating - At check-out verify all appropriate ICD and CPT codes are entered - Medicaid and commercial insurance plans Collect co-pay and bill total charges to the plan if applicable. - Self-pay Collect all charges at 100%.

Staff Approach:

1. One approach has the nursing team complete most of the paperwork, screening and diagnostic forms, medication history, and withdrawal scales, while the prescriber meets with the patient for a brief period of time to confirm diagnosis and treatment plan and write appropriate prescriptions. This will typically result in a lower level of service code (99213-214 for induction).
2. A second approach is for the prescriber to spend additional time with the patient on the day of induction, completing the history and physical, administering the first buprenorphine dose, and then monitoring and rechecking the patient over 1-2 hours in the clinic. This will typically result in a higher level of service code (99215 plus extended care 99354). Each office, provider and patient should offer and receive the care appropriate to their current situation and treatment plan.

Remember **Time Based coding** is now in effect for **E&M codes**; for these patient situations time based may reflect a more appropriate coding option.

Select the appropriate level of E/M service based on either:

1. The level of Medical Decision-Making Complexity **OR**
2. The total time for the E/M services performed on the date of the encounter. "Time" includes all time personally spent on the DOS by the provider such as: preparing to see a patient, obtaining or reviewing separately obtained history, performing an exam/evaluation, counseling and educating, ordering medications, tests, or procedures, communicating with other health professionals, documenting clinical information in the EHR, independently interpreting results (not separately reported), communicating results, and care coordination (not separately reported).

Assign ICD-10 code F11.20 for opioid dependence. (See ICD-10 for specific codes as necessary)

**Pre-Induction Visit**

Visit type: Adult Wellness Visit (AWV) or acute visit for Opioid Use Disorder/Dependence  
Comprehensive evaluation of new patient or established patient for suitability for buprenorphine treatment.

- New Patient: 99205
- Established Patient: 99215

**Induction Visit : Visit type: MAT medication induction**

Any of the new patient evaluation and management (E/M) codes can be used for induction visits. Codes are listed in order of increasing length of time with patient and/or severity of the problems.

- Established Patient E/M: 99212-15

- Patient Consult: 99241-45
- 99241 can only be used as telephonic prescriber-to-prescriber consultation regarding a patient. Patient cannot be present.
- Coding descriptions based on time and MDM

New Patient Office Visit		
E/M Code	MDM	Time
99202	S.F.	15 - 29
99203	Low	30 - 44
99204	Moderate	45 - 59
99205	High	60 - 74*

Prolonged Services* (New)		
Total Time	CPT Code	CMS Code
75 - 89	99417	Not separately billable
90 - 104	99417 x 2	G2212
105+	99417 x 3+	G2212 x 2+

Established Patient Office Visit		
E/M Code	MDM	Time
99212	S.F.	10 - 19
99213	Low	20 - 29
99214	Moderate	30 - 39
99215	High	40 - 54*

Prolonged Services* (Established)		
Total Time	CPT Code	CMS Code
55 - 69	99417	Not separately billable
70 - 84	99417 x 2	G2212
85+	99417 x 3+	G2212 x 2+

Codes for **prolonged** office visits are add-on codes to be reported *in addition* to 99205 or 99215. To bill for these codes the total time documented must be in the corresponding time range.

Code varies by payer. No modifier is needed.

### Maintenance Visits:

Visit type: MAT medication. Acute visit for OUD/opioid dependence.

- Any of the established patient E/M codes can be used for maintenance visits.

Counseling codes are commonly used to bill for maintenance visits, since counseling and coordination of service with addiction specialists comprise the majority of the follow-up visits.

- Established Patient: 99212-15

## Coding Procedure (MAT BHPs):

Counseling and coordination of services with MAT BHPs will be a substantial portion of maintenance visits.

- Counseling codes should be used in place of E/M codes (99212-15) when more than 50% of a visit is dedicated to counseling or coordination of care. Coding is then based on the total visit time, not just the time spent counseling or coordinating care.

### Assessment Visits (MAT Intake)

- Visit type: Diagnostic Evaluation
- New or Established Patient: 90791

### Induction Visits

- Visit type: MAT BH
- Mental Health Assessment by a Non-Physician: H0031
- H2019 Therapeutic behavioral services, per 15 minutes as maintained by CMS falls under Other Mental Health and Community Support Services .

### Maintenance Visits

Visit type: MAT BH

- BH consult during MAT med visits
  - Mental Health Assessment by a Non-Physician: H0031
- Psychotherapy: For use in all settings with patient or family (with no medical evaluation and management).
  - 30 (16-37) minutes: 90832
  - 45 (38-52) minutes: 90834
  - 60 (53+) minutes: 90837

## Billing Considerations:

Extent to which medication is covered varies by payer.

Medicaid covers office-based buprenorphine treatment. Prior authorization is required but quite easy. -

Medicare may not cover office-based buprenorphine induction and maintenance visits.

- Medicare Part D may cover the cost of buprenorphine tablets.
- Only some Medicare providers will reimburse. Prior authorization is usually required.

Almost all major insurances cover the cost of the prescription. Some private health insurers have standard billing codes for buprenorphine treatment services.

- For example, Cigna requires that those clinicians use the HCPCS code for “unspecified mental health care” for buprenorphine related visits. (Checking on this)
- H0033 – Oral Medical Administration, Direct Observation

Patients who do not have coverage or are uninsured can apply for a patient assistance program (PAP) for buprenorphine through the pharmaceutical company.

- Some patients may qualify for free medications for up to one year
- Each certified prescribing physician is allowed three patients on this program.
- Coupons are also available for eligible patients at:  
<http://www.suboxone.com/treatment-plan/savings-card?cid=subx>
- Rural health funding <https://www.ruralhealthinfo.org/toolkits/moud/6/funding-sources>

**Insurance Coverage**

Colorado allows MOUD via telehealth <https://www.nashp.org/states-allowing-telehealth-prescriptions-for-opioid-use-disorder/>

NOTE: Still expanding this section for proper coding for insurance plans.