

Below are Medical (Evaluation and Management (E&M)) codes, Psychiatric codes, ICD-9-CM, and some HCPCS codes that are sometimes used by physicians to report office-based treatment for opioid dependence.

The table below presents the commonly used codes during the various phases of treatment:

- Assessment/ Brief Intervention
- Diagnosis
- Induction Day 1 and additional days
- Follow-up, Stabilization, and Maintenance
- Other coding options

These codes are often used on their own or in combination where appropriate. Codes for additional services that accompany treatment for opioid dependence, such as laboratory examinations, individual psychotherapy, family or group psychotherapy, other drug abuse treatment services and laboratory examinations are not included here.

***NOTE: The information contained here is strictly intended to provide a guide as to which codes are most often used by physicians administering office-based treatment for opioid dependence. It is your responsibility to ensure accurate coding, and it is advisable to check with the individual plan before submitting for reimbursement using any of these codes.***

***CPT codes are registered trademarks of the American Medical Association and are developed to identify services provided by physicians, all rights reserved. HCPCS codes are developed by the Centers for Medicare and Medicaid Services (CMS) to identify products, supplies, materials and services which are not included in the CPT codes.***

---

Treatment Phase	Coding Options																						
	Medical	Behavioral Health																					
<b>Assessment</b>	<p>Patients will be sent by another clinician for evaluation, come to the practice based on the reputation of the practice, or already are a patient and are seeking treatment. Code selection will depend on the status of the patient.</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><b>CPT</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>99244</b></td> <td style="text-align: center;">Office Consultation</td> <td>Requires that a letter be sent to the referring provider indicating the findings and suggesting a management approach.</td> </tr> <tr> <td style="text-align: center;"><b>99202,03,04,05</b></td> <td style="text-align: center;">New Patient Office Visit</td> <td>If counseling is more than 50% of the time spent then time determines the code. Document start time, ending time, and what was discussed. (see CPT requirements)</td> </tr> <tr> <td style="text-align: center;"><b>99212,13,14,15</b></td> <td style="text-align: center;">Established Patient Office Visit</td> <td>If the patient is already known to the practice this series of codes would apply</td> </tr> <tr> <td></td> <td><b>Note:</b></td> <td>Lab tests would be billed in addition to the codes.</td> </tr> </table>	<b>CPT</b>			<b>99244</b>	Office Consultation	Requires that a letter be sent to the referring provider indicating the findings and suggesting a management approach.	<b>99202,03,04,05</b>	New Patient Office Visit	If counseling is more than 50% of the time spent then time determines the code. Document start time, ending time, and what was discussed. (see CPT requirements)	<b>99212,13,14,15</b>	Established Patient Office Visit	If the patient is already known to the practice this series of codes would apply		<b>Note:</b>	Lab tests would be billed in addition to the codes.	<p>Behavioral health codes contain options to address the combination of medical evaluation and counseling.</p> <p>There is no difference related to why the patient comes to the practice.</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><b>CPT</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>90801</b></td> <td style="text-align: center;">Diagnostic Interview</td> <td>This code would also include any lab tests that might be required.</td> </tr> </table>	<b>CPT</b>			<b>90801</b>	Diagnostic Interview	This code would also include any lab tests that might be required.
<b>CPT</b>																							
<b>99244</b>	Office Consultation	Requires that a letter be sent to the referring provider indicating the findings and suggesting a management approach.																					
<b>99202,03,04,05</b>	New Patient Office Visit	If counseling is more than 50% of the time spent then time determines the code. Document start time, ending time, and what was discussed. (see CPT requirements)																					
<b>99212,13,14,15</b>	Established Patient Office Visit	If the patient is already known to the practice this series of codes would apply																					
	<b>Note:</b>	Lab tests would be billed in addition to the codes.																					
<b>CPT</b>																							
<b>90801</b>	Diagnostic Interview	This code would also include any lab tests that might be required.																					
<b>Diagnoses</b>	<p>Typical Diagnoses (ICD-9-CM)</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><b>304.0</b></td> <td>Opioid type dependence</td> </tr> <tr> <td style="text-align: center;"><b>305.7</b></td> <td>Combination of opioid abuse with other</td> </tr> </table>		<b>304.0</b>	Opioid type dependence	<b>305.7</b>	Combination of opioid abuse with other																	
<b>304.0</b>	Opioid type dependence																						
<b>305.7</b>	Combination of opioid abuse with other																						

Treatment Phase	Coding Options													
	Medical	Behavioral Health												
<b>Induction Visit(s)</b>	<p>Typically this intervention would require a group of codes to adequately describe the length of the service and the combination of medical care and counseling that takes place.</p> <p style="text-align: center;"><b>CPT</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;"><b>99215</b></td> <td style="width: 20%;">Est Pt Office Visit</td> <td style="width: 65%;">Use of this code requires documentation that the physician spent 60 minutes with the patient in a combination of medical care and counseling.</td> </tr> <tr> <td style="text-align: center;"><b>99354</b></td> <td>Prolonged Service</td> <td>If the patient remains under care beyond the one hour covered by the code above this code would indicate that care extended for an additional hour.</td> </tr> <tr> <td style="text-align: center;"><b>99355</b></td> <td>Prolonged Service</td> <td>Each additional (up to) 30 minutes of care would result in use of this code. An additional 1.5 hours would be billed as 3 units on the claim.</td> </tr> <tr> <td style="text-align: center;"><b>99212,13,14</b></td> <td>Est Pt. Office Visit</td> <td>If care extends to additional days one of these would be used to reflect each additional visit.</td> </tr> </table>	<b>99215</b>	Est Pt Office Visit	Use of this code requires documentation that the physician spent 60 minutes with the patient in a combination of medical care and counseling.	<b>99354</b>	Prolonged Service	If the patient remains under care beyond the one hour covered by the code above this code would indicate that care extended for an additional hour.	<b>99355</b>	Prolonged Service	Each additional (up to) 30 minutes of care would result in use of this code. An additional 1.5 hours would be billed as 3 units on the claim.	<b>99212,13,14</b>	Est Pt. Office Visit	If care extends to additional days one of these would be used to reflect each additional visit.	<p>Behavioral health does not have a code that describes in detail the extended care required during this visit. The code shown below is paid "By Report" which requires that medical notes be submitted with the claim so the insurance plan can evaluate an appropriate level of payment.</p> <p style="text-align: center;"><b>CPT</b></p> <p style="text-align: center;"><b>90899</b>      Medically supervised outpatient rehabilitation</p>
<b>99215</b>	Est Pt Office Visit	Use of this code requires documentation that the physician spent 60 minutes with the patient in a combination of medical care and counseling.												
<b>99354</b>	Prolonged Service	If the patient remains under care beyond the one hour covered by the code above this code would indicate that care extended for an additional hour.												
<b>99355</b>	Prolonged Service	Each additional (up to) 30 minutes of care would result in use of this code. An additional 1.5 hours would be billed as 3 units on the claim.												
<b>99212,13,14</b>	Est Pt. Office Visit	If care extends to additional days one of these would be used to reflect each additional visit.												

Treatment Phase	Coding Options	
	Medical	Behavioral Health
<b>Follow Up</b>	<p>Each additional visit would be billed using an Evaluation and Management (E&amp;M) code appropriate to the level of service and time spend. Documentation must include the start/end time and subject of the counseling if counseling time is more than 50% of the total visit length.</p> <p style="text-align: center;"><b>CPT</b></p> <p style="text-align: center;"><b>99212,13,14</b></p> <p style="text-align: center;">Est Pt Office Visit</p> <p style="text-align: center;">There is no limit on the number of visits that can be billed with these codes.</p>	<p>The code selections below reflect options for each of the follow-up visits.</p> <p style="text-align: center;"><b>CPT</b></p> <p style="text-align: center;"><b>90804,06,08</b></p> <p style="text-align: center;">Maint. Visit with a medical service</p> <p style="text-align: center;">These codes are determined by time spent.</p> <p style="text-align: center;"><b>90805,07,09</b></p> <p style="text-align: center;">Maint. Visit</p> <p style="text-align: center;">This reflects counseling and would be billed with an E&amp;M code, such as 99212</p>
<b>Other Code Options</b>	<p>Use of these codes may vary by insurance carrier. HCPC codes are typically not recognized by plans, other than Medicare, unless special arrangement have been made with the carrier.</p> <p style="text-align: center;"><b>HCPCS</b></p> <p><b>H0033</b>            Oral Medication            Used by CIGNA Behavioral Health to represent payments for the Induction Phase</p> <p><b>H0050</b>            "                                    Used by Aetna Behavioral Health to represent payments for Induction</p> <p><b>H0020</b>            Drug Services                Used by Care First BCBS (VA,DC,MD)</p> <p><b>H0014</b>            Alcohol and/or drug services: ambulatory detox.</p> <p style="text-align: center;"><b>CPT</b></p> <p><b>90862</b>            Medication management with minimal counseling</p> <p><b>99408,09</b>        Substance abuse screening under and over 30 minutes.</p>	

Other Regional Health Plans may have similar "H" codes to reflect all or portions of the treatment program. Check with your carrier.