

Billing and Coding: Medication Assisted Treatment

Background

Medication assisted treatment (MAT) will be offered to patients who have a current diagnosis of opioid use disorder (OUD), moderate to severe, and who meet predetermined criteria.

Medication of choice is buprenorphine/naloxone for non-pregnant patients and buprenorphine single ingredient for pregnant patients. Preauthorization is required. Some payers have brand preferences for buprenorphine/naloxone combination medication.

Individuals receiving the treatment may be established patients of the practice or referred from another local provider.

National and state guidelines suggest MAT be managed as an elective treatment and should include signed, informed consent.

Several office processes are appropriate for MAT induction, stabilization, and maintenance. It is best to include a treatment team that includes front office, nursing, prescriber, medical records/billing, and administrator.

- 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 short 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.

How To

Medication Assisted Treatment (MAT) Medical Providers

- **Assign ICD-10 code F11.20 for opioid dependence.** (see ICD-10 for specific codes as necessary)
- **Pre-Induction Visit**
 - o Visit type: Adult Wellness Visit (AWV) or acute visit for Opioid Use Disorder/Dependence
 - o Comprehensive evaluation of new patient or established patient for suitability for buprenorphine treatment.
 - New Patient: 99205
 - Established Patient: 99215

- **Induction Visit**
 - o Visit type: MAT medication induction
 - o 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.
 - o Prolonged visits codes (99354, 99355) may also be added onto E/M codes for services that extend beyond the typical service time, with or without face-to-face patient contact. Time spent does not need to be continuous.
 - 30-74 minutes: 99354
 - 75-104 minutes: 99355
 - 105+ minutes: 99354+99355x2
- **Maintenance Visits**
 - o Visit type: MAT medication. Acute visit for OUD/opioid dependence.
 - o Any of the established patient E/M codes can be used for maintenance visits.
 - o 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
- **SBIRT** substance abuse and structured screening and brief intervention services (99408) can be offered and billed for naloxone education.

Coding Procedure (MAT BHPs):

- **Counseling and coordination of services with MAT BHPs** will be a large portion of maintenance visits.
 - o 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)**
 - o Visit type: Diagnostic Evaluation
 - o New or Established Patient: 90791
- **Induction Visits**
 - o Visit type: MAT BH
 - o Mental Health Assessment by a Non-Physician: H0031
- **Maintenance Visits**
 - o Visit type: MAT BH
 - o BH consult during MAT med visits
 - Mental Health Assessment by a Non-Physician: H0031
 - o 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
- **SBIRT**
 - o Substance abuse and structured screening and brief intervention services (99408) can be offered and billed for naloxone education.

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.
 - o Medicare Part D may cover the cost of buprenorphine tablets.
 - o 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.
 - o For example, Cigna requires that that clinicians use the HCPCS code for “unspecified mental health care” for buprenorphine related visits.
 - 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.
 - o Some patients may qualify for free medications for up to one year
 - o Each certified prescribing physician is allowed three patients on this program.
 - o Coupons are also available for eligible patients at:
 - <http://www.suboxone.com/treatment-plan/savings-card?cid=subx>

Billing Procedure:

- 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
 - o Collect co-pay and bill total charges to the plan if applicable.
- Self-pay
 - o Collect all charges at 100%.
- CICP and clinic rating
 - o Collect all applicable co-pays and adjust to SFA.