



Office-Based Opioid Treatment Billing and Coding Quick Reference Guide (6.14.21/1.3)

Delaware Health and Social Services (DHSS) covers Office-Based Opioid Treatment (OBOT) as a Medicaid benefit. OBOT is outpatient addiction treatment for individuals with an opioid use disorder (OUD) and includes provision of medication for opioid use disorder (MOUD)—the gold-standard therapeutic approach for treating OUD.¹ Buprenorphine, buprenorphine/naloxone, and long-acting injectable naltrexone are FDA-approved medications for treatment of OUD and are covered as a Medicaid benefit. These medications can help to increase retention in treatment, reduce illicit opioid use, reduce risk of overdose death and all-cause mortality, and reduce HIV risk behaviors.

This document is a quick reference guide for primary care and other outpatient medical providers in applying available Medicaid coding options to MOUD. This should not be taken as full billing guidance. Please refer to standard billing criteria for detailed definitions and coding requirements.

Additional quick reference guides on “Medication Coverage for OBOT” and “OBOT Prescriber and Dispensing Site Regulations” are available on the OBOT Fellowship Resource Library.

Applying Available Billing and Coding Options to OBOT

The standard CPT codes for outpatient evaluation and management (E/M) are used for OBOT services. The applicability of such codes to MOUD clinical processes are outlined below.

- *New Patient (99202-99205)*. The standard of care for history taking, examination, and medical decision making for MOUD treatment initiation visits should at least meet the criteria for CPT code 99204, which aligns with a moderate level of medical decision making.² Psychiatric providers may choose to use the psychiatric CPT codes for outpatient treatment. The 90792 (Psychiatric diagnostic evaluation with medical services) code approximates the 99204 code.
- *Established Patient (99211-99215)*. The standard of care for examination and medical decision making for MOUD treatment follow-up visits should at least meet the criteria for CPT code 99213, which aligns with a low level of medical decision making.³ The code 99211 can be used to support OBOT follow-up visits when a stable patient is seen by the nurse or other ancillary clinical team member.
- *Prolonged Visit (+99415, +99416)*. These codes, used in conjunction with 99202-99215 when clinical staff service extends at least 30 minutes beyond “typical time,” may be appropriate for OBOT sites that offer in-office buprenorphine initiation or observation after an injection. +99415 covers services from 30-74 minutes and +99416 covers services 75-104 minutes.

¹ Behavioral counseling is also recommended but not a requirement when a patient is receiving MOUD. OBOT providers are encouraged to offer onsite or refer patients to behavioral counseling but should not withhold MOUD if a patient declines behavioral counseling.

² [PCSS-Clinical-Guidance-Physician-billing-for-office-based-treatment-of-OUD.pdf \(netdna-ssl.com\)](#)

³ [PCSS-Clinical-Guidance-Physician-billing-for-office-based-treatment-of-OUD.pdf \(netdna-ssl.com\)](#)

Urine Drug Screening at an OBOT Site

On-site urine drug screening is commonly used in OBOT settings. The panel will vary based on the particular product/manufacture but often screens for the presence of amphetamine, cocaine, oxycodone, marijuana, phencyclidine, ecstasy, morphine, benzodiazepines, barbiturates, methadone, methamphetamine and buprenorphine. Become familiar with the characteristics of the test available in your clinical site. The following table provides procedure codes for drug screening services, the service description, and its application to OBOT services.

Drug Screening Services		
Procedure Code	Service Description	OBOT-Related Drug Screening Example
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	Urine drug screening that can be interpreted independently (without a device) by a provider
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); read by instrument assisted direct optical observation (e.g., dipsticks, cups, cards, or cartridges) includes sample validation when performed, per date of service	Urine drug screening that requires a device for interpretation
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	Blood drug tests

Behavioral Counseling Services at an OBOT Site

The following table identifies codes available to licensed behavioral health practitioners (LBHP). An LBHP is a professional who is licensed in the State of Delaware to diagnose and treat mental illness or substance use disorders acting within the scope of all applicable state laws and their professional license. Behavioral health professionals licensed to practice independently include licensed psychologists, licensed clinical social workers (LCSWs), licensed professional counselors of mental health (LPCMHS), and licensed marriage and family therapists (LMFTs).

Behavioral Health Services Provided by Approved and Enrolled Providers	
Procedure Code	Service Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient <i>Note: In reporting, choose the code closest to the actual time (i.e. 16-37 minutes for 90832)</i>
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service <i>Note: In reporting, choose the code closest to the actual time (i.e. 16-37 minutes for 90833)</i>
90834	Psychotherapy, 45 minutes with patient <i>Note: In reporting, choose the code closest to the actual time (i.e. 38-52 minutes for 90834)</i>

This is intended as quick reference guide and up to date as of June 14, 2021. Policy is subject to change and formal DMMA policy documents supersede any information in this quick reference guide. This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,693,864 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Behavioral Health Services Provided by Approved and Enrolled Providers	
Procedure Code	Service Description
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)

Administering Medications at an OBOT Site

When filled at the pharmacy⁴, the patient can return to the clinic with the filled buprenorphine/naloxone prescription for onsite oral administration and observation or should be educated about safe self-administration and storage at home. The pharmacy can also fill and deliver filled prescriptions for oral or long-acting injectable formulations of buprenorphine and naltrexone to the OBOT site. In addition to using the appropriate E/M code(s) described above, the following code can be used for onsite administration of injectable medications.

Medication Codes for In-Office Administration	
Procedure Code	Service Description
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Purchasing, Storing, and Dispensing Medications at an OBOT Site

Prescribers may elect to purchase, store and dispense buprenorphine, buprenorphine/naloxone, and/or depot naltrexone onsite, which can be billed as a medical service. The table below reflects codes to be used when MOUD are billed as a medical benefit and administered onsite by OBOT providers during an office visit.

Medication Codes for In-office Dispensing and Administration	
Procedure Code	Service Description
J0571	Buprenorphine, oral, 1 mg
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine

⁴ Pharmacies are more likely to stock the buprenorphine/naloxone combination, which has a lower risk for abuse and diversion. In most clinical instances, the buprenorphine/naloxone combination product is preferred rather than the buprenorphine-only formulation. This is intended as quick reference guide and up to date as of June 14, 2021. Policy is subject to change and formal DMMA policy documents supersede any information in this quick reference guide. This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,693,864 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Medication Codes for In-office Dispensing and Administration

Procedure Code	Service Description
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
J2315	Injection, naltrexone, depot form, 1 mg
Q9991 ⁵	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg

For more information or to resolve billing/reimbursement-related issues, please contact:

- Gainwell Provider Relations: delawarepret@dxc.com
- AmeriHealth Caritas Delaware Network Management: klysinger@amerihealthcaritasde.com or (302)286-5766
- Highmark Health Options Provider Services: (844)325-6251

⁵ J3490 (Drugs unclassified injection) has been subdivided into Q9991 and Q9992; J3490 should no longer be used for injectable buprenorphine. This is intended as quick reference guide and up to date as of June 14, 2021. Policy is subject to change and formal DMMA policy documents supersede any information in this quick reference guide. This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,693,864 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.