

Attached are Medical (Evaluation and Management (E/M)) codes, Psychiatric codes, and HCPCS codes that are frequently used by physicians to report office-based treatment for opioid dependence.

The table below presents the commonly used codes during the various phases of office-based opioid dependence treatment such as:

- Screening/ Brief Intervention
- Drug Administration
- Examination/ Intake – Day 0
- Induction - Day 1 (with or without Drug Administration)
- Induction - Additional Days (with or without Drug Administration)
- Follow-up, Stabilization, and Maintenance

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 to submit for reimbursement. 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.

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Treatment Phase	Medical	Psychiatric
Screening/ Brief Intervention	HCPCS Level II coding system <ul style="list-style-type: none"> - H0049 - Alcohol and drug screening - H0050 - Brief Intervention 	HCPCS Level II coding system <ul style="list-style-type: none"> - H0049 - Alcohol and drug screening - H0050 - Brief Intervention
Drug Administration	HCPCS Level II coding system <ul style="list-style-type: none"> - H0033 - Oral Medication Administration, Direct Observation 	HCPCS Level II coding system <ul style="list-style-type: none"> - H0033 - Oral Medication Administration, Direct Observation

Treatment Phase	Medical	Psychiatric
<p>Examination Visit – Day 0 and/or Induction Visit – Day 1</p>	<p>Evaluation and Management (E/M) codes for office or other outpatient visit for the evaluation and management of a new patient.</p> <p>99201 – Usually the presenting problem(s) are self limited or minor and the physician typically spends 10 minutes face-to-face with the patient and/or family. E/M requires the following three key components:</p> <ul style="list-style-type: none"> o Problem focused history o Problem focused examination o Straightforward medical decision making <p>99202 – Usually the presenting problem(s) are of low to moderate severity and the physician typically spends 20 minutes face-to-face with the patient and/or family. E/M requires the following three key components:</p> <ul style="list-style-type: none"> o Expanded problem focused history o Expanded problem focused examination o Straightforward medical decision making <p>99203 – Usually the presenting problem(s) are of moderate severity and the physician typically spends 30 minutes face-to-face with the patient and/or family. E/M requires the following three key components:</p> <ul style="list-style-type: none"> o Detailed history o Detailed examination o Medical decision making of low complexity <p>99204 – Usually the presenting problem(s) are of moderate to high severity and the physician typically spends 45 minutes face-to-face with the patient and/or family. E/M requires the following three key components:</p> <ul style="list-style-type: none"> o Comprehensive history o Comprehensive examination o Medical decision making of moderate complexity <p>99205 – Usually the presenting problem(s) are of moderate to high severity and the physician typically spends 60 minutes face-to-face with the patient and/or family. E/M requires the following three key components:</p> <ul style="list-style-type: none"> o Comprehensive history o Comprehensive examination o Medical decision making of high complexity <p>*Please refer to AMA CPT guidelines for appropriate selection of E & M codes.</p>	<p>90801 - Psychiatric diagnostic interview examination</p> <p>90805 - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, varying amount of minutes spent face-to-face with the patient with medical evaluation and management services – 30 Minutes</p> <p>90807 – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, varying amount of minutes spent face-to-face with the patient with medical evaluation and management services_ - 50 min</p> <p>90809 – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, varying amount of minutes spent face-to-face with the patient with medical evaluation and management services - 80 min</p>

Treatment Phase	Medical	Psychiatric
<p>Additional Induction Visit(s)</p>	<p>Evaluation and Management (E/M) codes for office or other outpatient visit for the evaluation and management of an established patient.</p> <p>99211 – Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.</p> <p>99212 – Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p> <p>99213 – Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity. <p>Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p> <p>99214 – Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of moderate complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>90811 – Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services</p> <p>90805 - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, varying amount of minutes spent face-to-face with the patient with medical evaluation and management services – 30 Minutes</p> <p>90807 – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, varying amount of minutes spent face-to-face with the patient with medical evaluation and management services_ - 50 min</p>

Treatment Phase	Medical	Psychiatric
Additional Induction Visit(s) (Continued)	<p>99215 – Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p> <p>*Please refer to AMA CPT guidelines for appropriate selection of E & M codes.</p>	
Follow-up, Stabilization, and Maintenance Visit(s)	<p>Same E/M codes as Additional Induction Visit(s) section; normally in the range of 99211 through 99213.</p>	<p>90862 – Pharmacologic management, including prescription, use and review of medication with no more than minimal psychotherapy</p> <p>90805 – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, varying amount of minutes spent face-to-face with the patient with medical evaluation and management services - 30 min</p> <p>90807 – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, varying amount of minutes spent face-to-face with the patient with medical evaluation and management services - 50 min</p>