ArchProCoding's

Billing and Coding Training Overview of SUD/OUD via Medication-Assisted Treatment (MAT)

BY: Association for Rural & Community Health Professional Coding (ArchProCoding) Metro-Atlanta, GA

FOR: Hawaii Rural Health ECHO

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VP of Education

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and there are no conflicts of interest to report.

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ArchProCoding

OUR CORE FOCUS

Rural Health Clinics (RHC)

Independent vs. Provider-based

Federally Qualified Health Centers (FQHC)

In Rural or Urban Health Professional Shortage Areas (HPSA)

Critical Access Hospitals (CAH) and Small Rural PPS Hospitals

CAH Method I or II vs. PPS?

Get certified as a Rural/Community Health and/or CAH – Coding & Billing Specialist (RH-CBS/CH-CBS/CAH-CBS)

Coding and Billing are Not the Same!

- Coding turns medical documentation into useable data regardless of whether it generates $$$ or not.

- Just because you didn't get paid doesn't mean you did it wrong.

- Just because you got paid doesn't mean you get to keep the $$.

- Where Medicare goes with billing rules, which other payers tend to follow?

- Getting paid by insurers is a very trust-based process; therefore, be ready to support your services if medical documentation is requested by a payer or patient.

General Full Course Layout

Foundations of
SUD/OUD/MAT Documentation,
Coding, and Billing

Documenting
SUD-OUD-MAT visits

Preparing for
SUD-OUD-MAT Patient Visits

Diagnostic Documentation and
Coding for SUD/OUD/MAT

Getting Paid for
Non-Face-to-Face Visits

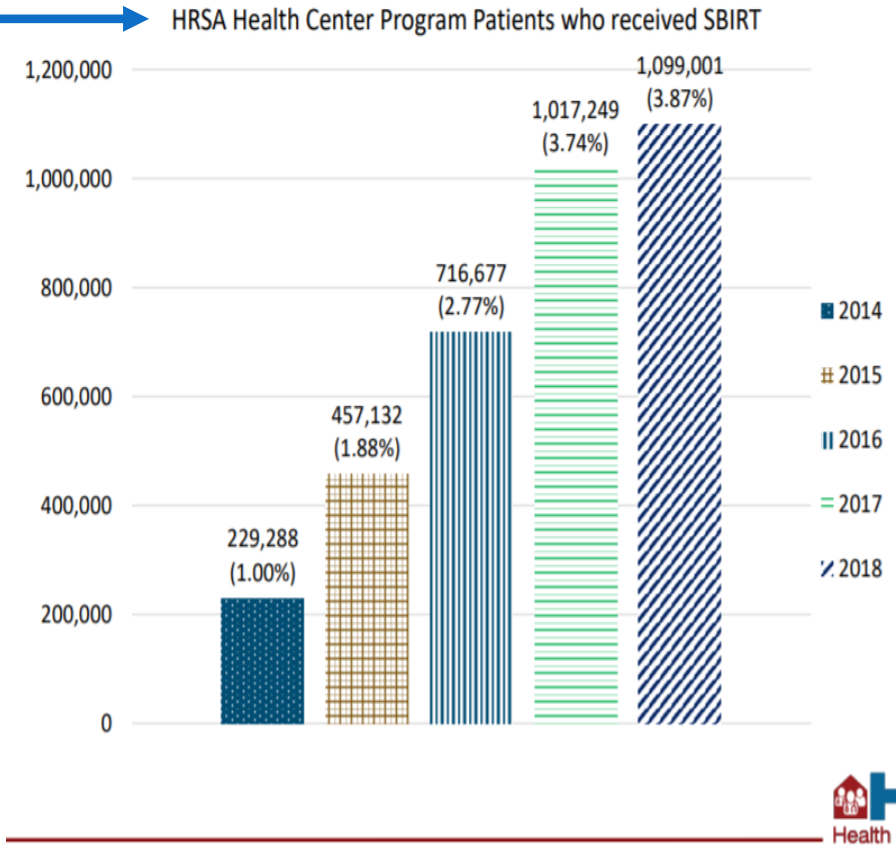
Key SUD/OUD/MAT Phases

- **Screening, Brief Interventions, and Referrals for Treatment (SBIRT)**
  - Use of various clinical tools like SBIRT, DASH, CAGE-ASSIST during preventive medicine, problem-oriented, and acute/chronic care visits resulting in a diagnosis established from the ICD-10-CM's F10-F19 code section.
- **Induction vs. Stabilization vs. Maintenance**
  - ***Induction*** of MAT comprises the initial dosing during the ~first week of treatment when a clinician determines the MAT dose appropriate for the patient by adjusting the dose gradually until cravings are reduced and there is good adherence and minimal side effects.
  - Once the patient has obtained a ***stabilizing*** *dose(s),* they move into the ***maintenance*** phase of treatment as managed over time mainly by E/M visits.
- **Early vs. Partial vs. Sustained Remission**
  - Following agreement between the patient and provider, the maintenance phase may end with a gradual tapering of MAT treatments.

Common Screening Tools for SUD and/or OUD

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
2. Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
3. Cut down, Annoyed, Guilty, Eye-Opener – Adapted to Include Drugs (CAGE-AID)
4. These tools ***and many others*** were reviewed by the United States Preventive Task Force and can be reviewed here: https://www.ncbi.nlm.nih.gov/books/NBK43363/

HYPERLINK



Sample Coding Options for Screening for SUD/OUD

Figure 5. Other OUD risk factors for patients on long-term opioid therapy

- Age < 65 years
- Current pain impairment
- Trouble sleeping
- Suicidal thoughts
- Anxiety disorders
- Illicit drug use
- History of SUD treatment

SOURCE: *VA Opioid Use Disorder Clinician's Guide – hyperlink provided on an earlier slide*

99408/G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes

99409/G0397: Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes

H0049 for Alcohol and/or drug screening

H0050 for Alcohol and/or drug screening, brief intervention, per 15 minutes

G0442: Annual alcohol misuse screening, 15 minutes

G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

MAT Screening, Assessment, and Interventions Coding

Initial assessments can be performed at a visit expressly for SUD/OUD screening and/or during unrelated medical visits (ex. 99202-99215, IPPE, AWV, Preventive Services 99381-99397) or behavioral/mental health visits (ex. 90792 or 90832).

SAMPLE CODING vs. BILLING

- **CODING:** Be prepared to use **99408-99409** if billing commercial insurance
  - Alcohol and/or substance abuse screening and brief intervention services either 15-30 minutes or more than 30 minutes.

- **BILLING:** Be prepared to report **G0396-G0397** to Medicare (basically the same definition as above). What about G2011 for structured assessments and brief interventions for "other than tobacco" as a non-OUD but SUD option?

- **BILLING:** Be prepared to report **H0049** for "Alcohol and/or drug screening" and/or **H0050** for "Alcohol and/or drug screening, brief intervention, per 15 minutes" to Medicaid. Be aware of codes for "non-physicians".

- **TELEHEALTH OPTIONS? AUDIO-ONLY?**

Induction and Follow-up Visits Coding

These will mainly be E/M services by your medical provider and possible therapeutic injection/implant codes like 96372/11981/G0516
+ a J-code such as J2315 for 1mg of Vivitrol (naltrexone) or
J2310 for Narcan/Naloxone or J0592 for Buprenorphine if you paid for the meds.

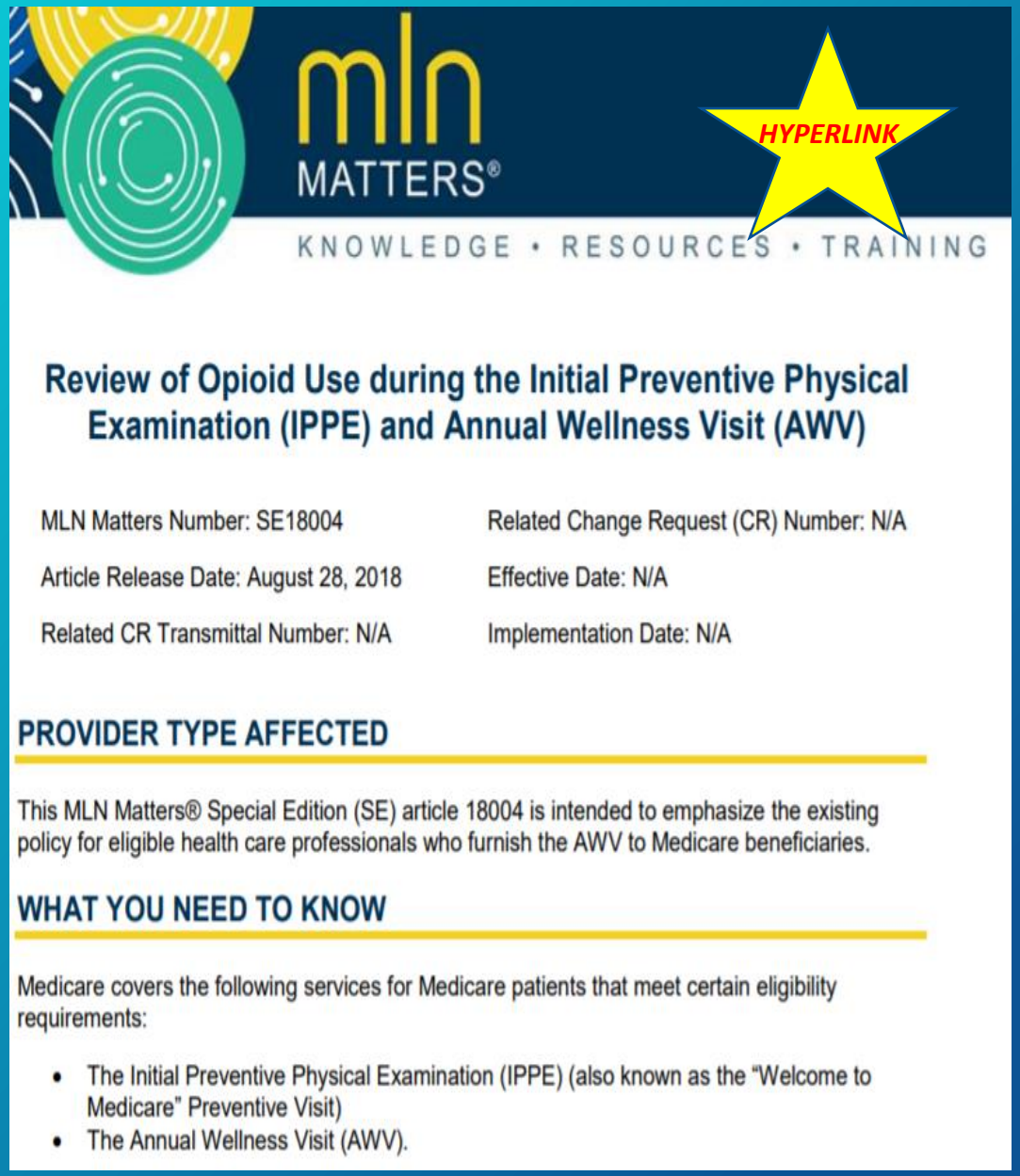
Expect Varying Medicaid Billing Needs

- **BILLING:** Consider checking out H-codes such as **H0032-H0034** and/or H0050 for very detailed options that Medicaid carriers may prefer. Keep in mind that their documentation and billing requirements may not be the same from other Medicaid/commercial payers?

- **BILLING:** Follow payer rules depending on if you need to meet time-based coding for Prolonged Services Codes (ex. 99354) for patients that are in your facility way longer than normal. Some carriers will pay - others won't.

- **BILLING:** Always follow proper diagnosis coding according to the ICD-10-CM Official Guidelines for Coding & Reporting as authored by the Cooperating Parties (i.e. CMS, AMA, NCHS, AHA) rather than following EHR/IT shortcuts.

Screening during IPPE/AWV



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HYPERLINK

Review of Opioid Use during the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)

MLN Matters Number: SE18004 | Related Change Request (CR) Number: N/A

Article Release Date: August 28, 2018 | Effective Date: N/A

Related CR Transmittal Number: N/A | Implementation Date: N/A

PROVIDER TYPE AFFECTED

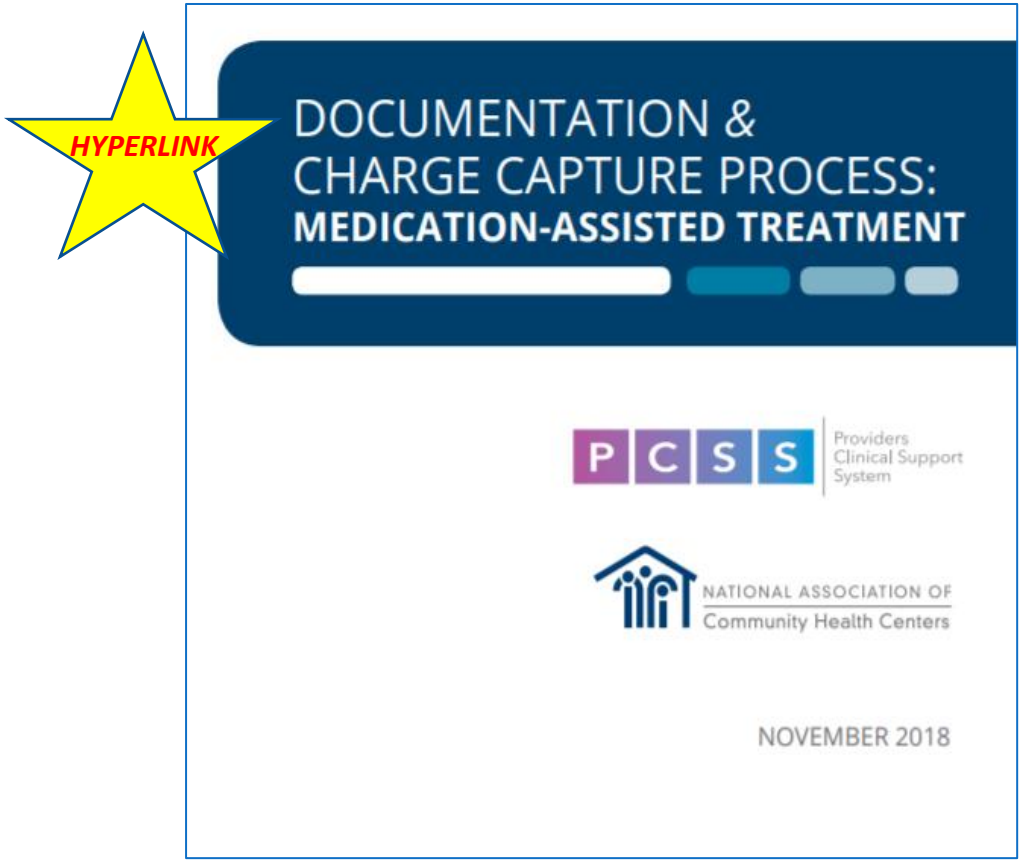
This MLN Matters® Special Edition (SE) article 18004 is intended to emphasize the existing policy for eligible health care professionals who furnish the AWV to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

Medicare covers the following services for Medicare patients that meet certain eligibility requirements:

- The Initial Preventive Physical Examination (IPPE) (also known as the "Welcome to Medicare" Preventive Visit)
- The Annual Wellness Visit (AWV).

NACHC's guide to MAT



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DOCUMENTATION & CHARGE CAPTURE PROCESS: **MEDICATION-ASSISTED TREATMENT**

PCSS Providers Clinical Support System

NATIONAL ASSOCIATION OF Community Health Centers

NOVEMBER 2018

It is recommended that you review NACHC's Appendices E, F, and G for a great rundown of proper documentation and coding info that applies to all facility types. Beware that the billing rules are for FQHC's only though – check with your payers for their needs depending on your facility type.

On April 27, 2021 HHS gave positive news on expanding MAT!

FOR IMMEDIATE RELEASE
April 27, 2021

HYPERLINK

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder

In an effort to get evidenced-based treatment to more Americans with opioid use disorder, the Department of Health and Human Services (HHS) is releasing new buprenorphine practice guidelines that among other things, remove a longtime requirement tied to training, which some practitioners have cited as a barrier to treating more people.

Signed by HHS Secretary Xavier Becerra, the *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder* exempt eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives from federal certification requirements related to training, counseling and other ancillary services that are part of the process for obtaining a waiver to treat up to 30 patients with buprenorphine.

Providers typically have had to obtain a waiver requiring completion of a training program (ex. DATA2000 waiver)

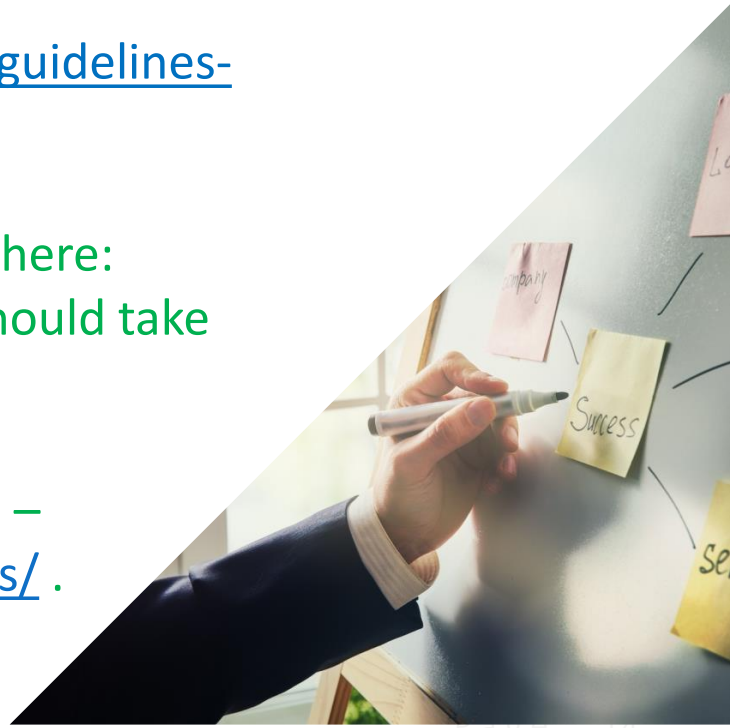
Additional Resources for “NEW” Buprenorphine Clinical Providers

- Check out SAMHSA’s website for more details and how you can treat up to 100 patients with buprenorphine instead of the 30-patient limit with an **“X waiver”** at https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner .

- Eligible practitioners for the “Waivered Practitioner” can include NP, PA, CNS, CRNA, and CNM and must follow guidance in the new Practice Guidelines found here: https://www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder .

- You must complete a Notification of Intent to meet this new exception as found here: https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php which should take around 60 days to be approved.

- For helpful information and a short video from CA Bridge/Public Health Institute – check out this website https://cabridge.org/general/new-hhs-practice-guidelines/ .



MEDICATIONS FOR ADDICTION TREATMENT (MAT) READINESS AND IMPLEMENTATION CHECKLIST

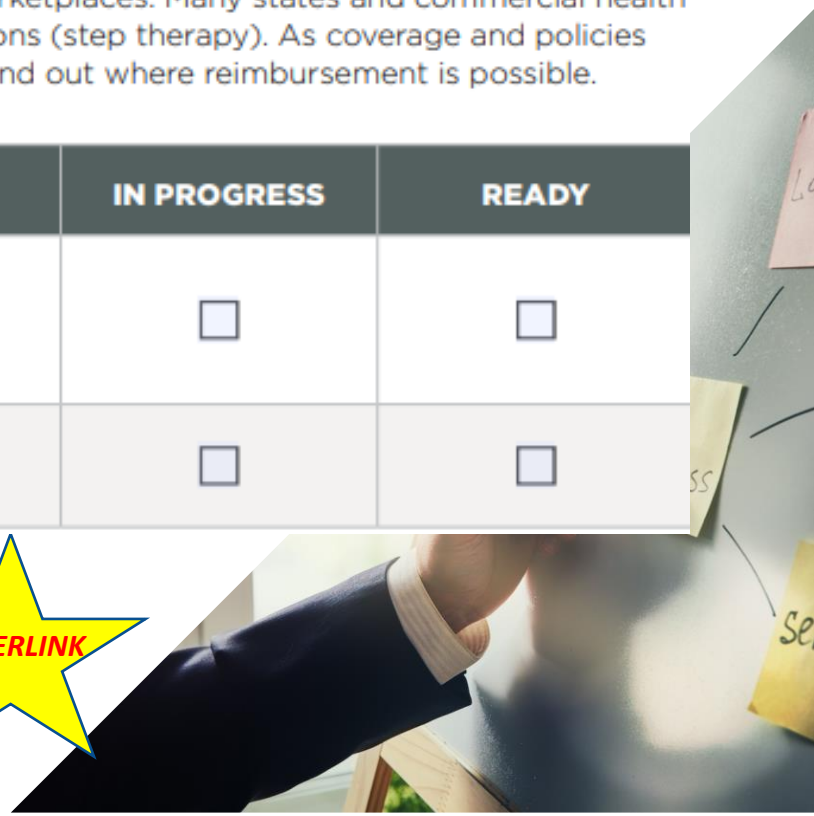
NATIONAL COUNCIL for Mental Wellbeing

Opioid Response Network

FINANCIAL AND REGULATORY READINESS

Coverage and reimbursement for MAT varies from state to state for both the public sector and private insurance marketplaces. Many states and commercial health plans require some form of preauthorization and some require that providers begin treatment with certain medications (step therapy). As coverage and policies may change over time, it is important to stay informed about your state's policies and private insurance options to find out where reimbursement is possible.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
What do Medicaid and commercial insurers require for the use of MAT in your state? • Are there limitations on who can prescribe MAT, the length of time patients can use MAT and/or the type(s) of formulations patients may receive?	☐	☐	☐
Does your state's Medicaid plan cover the MAT formulations that you would like to start offering (e.g., injectable naltrexone, sublingual buprenorphine)?	☐	☐	☐



SOURCE: Link to pdf of checklist on National Council for Mental Wellbeing website

HYPERLINK

"Medicare billing will differ from Medicaid which will differ from commercial insurance billing which may differ from…"

- **State-specific research you should perform** – Gather state details for Medicaid policies, FDA, scope of license issues, "authorized" providers and more needs to be researched carefully!

- For detailed state-specific information on MAT services be sure to look in your **Medicaid Behavioral Health Manuals (*or similar title*)** and realize you may find differences than info found in the medical provider manual.

- Work closely with staff leaders and your state rural/primary care association and expect differences or seemingly conflicting information.

Research Your Utilizing of "Non-Licensed" SUD/OUD Providers

NASHP
NATIONAL ACADEMY FOR STATE HEALTH POLICY

50-State Scan: How Medicaid Agencies Leverage their Non-Licensed Substance Use Disorder Workforce

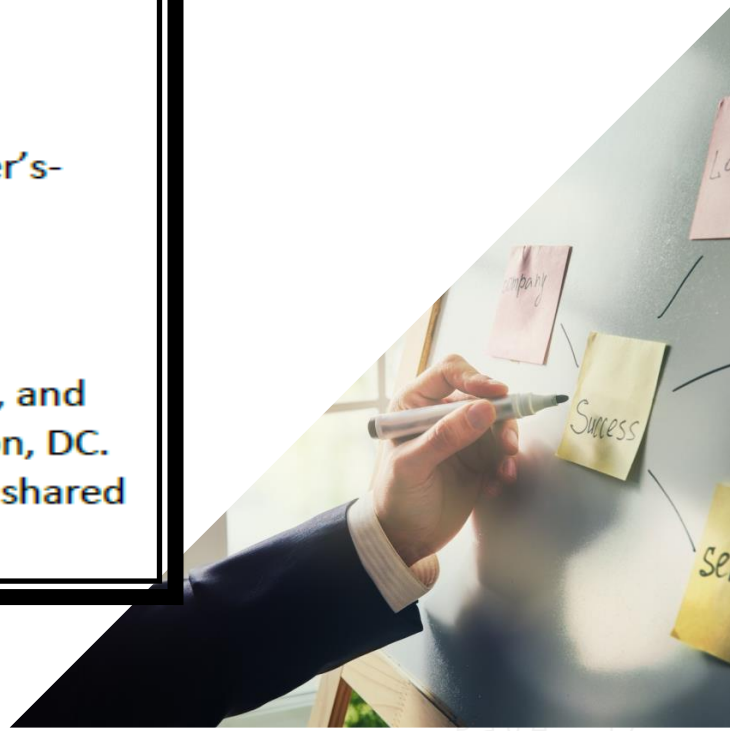
By Eliza Mette, Charles Townley, Kitty Purington November 2019

HYPERLINK

NASHP analyzed publicly available materials to identify:

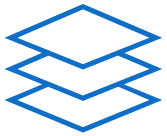
- How Medicaid agencies reimburse for SUD services provided by non-licensed, non-master's-level workforce;
- What services they provide and in what settings; and
- State education, training, and supervision requirements for non-licensed staff.

NASHP used the most recently available Medicaid provider and billing manuals, state regulations, and other public policy documents (including state plans and waivers) for all 50 states and Washington, DC. Findings were grouped and coded to allow for easier cross-state analysis. The data collected was shared with Medicaid and other state leaders.



RHC/FQHC CMS VALID ENCOUNTERS :: An Overview

01



Face-to-Face Visit?

Exceptions?

02

Authorized Core Provider?

Slight differences for RHC vs. FQHC

03

"Medically Necessary"?

Familiar with NCDs vs. LCDs and where to get them?

Try this link!

LINK

04

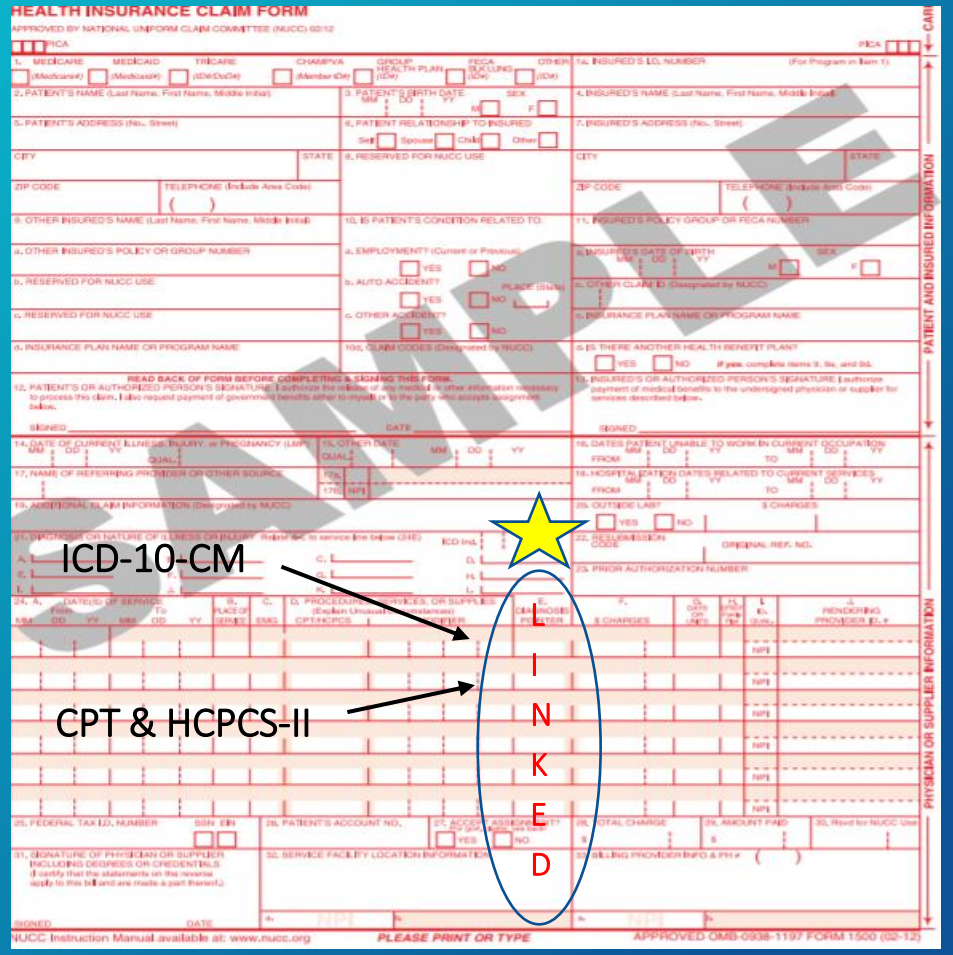
Authorized location?

Office, Part A SNF, patient's residence, where else?

"An RHC or FQHC visit is a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one of more RHC or FQHC services are rendered." – CMS Benefits Manual, Chapter 13, Section 40

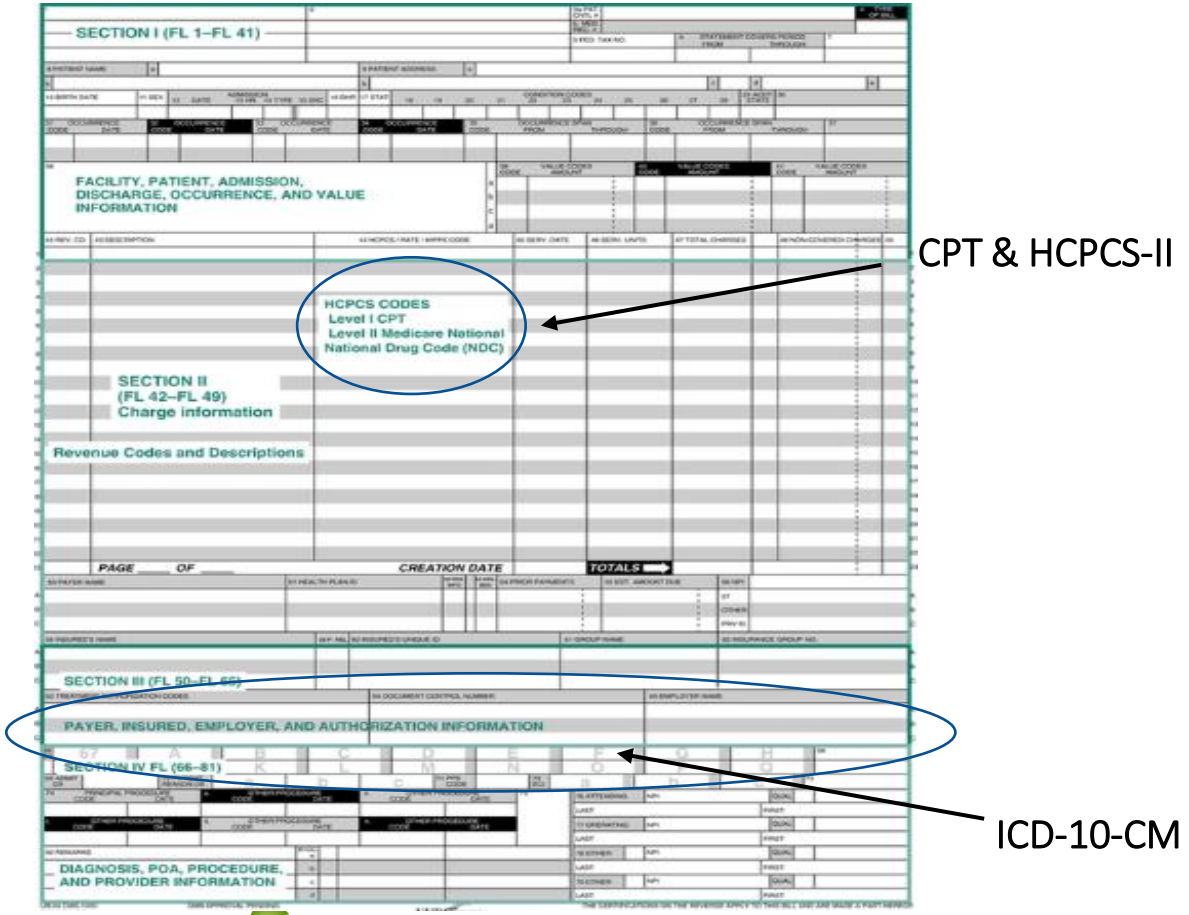
COMPARE :: CMS 1500 form
(aka the "HCFA" or 837p)

Used by doctor's offices when reporting claims to commercial and Medicare carriers expecting to receive a Fee-for-Service payment services.



CONTRAST :: CMS 1450 form
(aka the "UB" or 837i)

Used by RHC/FQHC submitting claims to Medicare (*and some Medicaid carriers*) for "valid encounters" when expecting the AIR/PPS rate and unlike the other form requires Type of Bill Codes and Revenue Codes.



Sample FFS Claim for a Primary Care Provider Giving a Shot for SUD/OUD

Sample CMS 1500

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO W MM DD YY FROM

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a

17b NPI

18. HOSPITALIZATION DATES RELA MM DD YY FROM

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO

Opioid Dependence **Depression**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A **F11.20** B **F33.1** C D

E F G H

I J K L

22. RESUBMISSION CODE ORI

23. PRIOR AUTHORIZATION NUMBE

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSD Family Plan
1 07	01	21	07	01	21	11		99214 ← **Office visit**		A, B	210.00		
2 07	01	21	07	01	21	11		J0592 ← **Drug code**		A	180.00	2	
3 07	01	21	07	01	21	11		96372 ← **Non-surgical injection given**		A	15.00		

Sample FFS Claim for a Mental Health Provider Performing Therapy and Additional Assessments

Sample CMS 1500

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO W MM DD YY FROM

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a

17b NPI

18. HOSPITALIZATION DATES RELA MM DD YY FROM

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO

Opioid Dependence **Depression** **Screening for Mental/Behavioral Disorder**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A.	F11.20	B.	F33.1	C.	Z13.39	D.	
E.		F.		G.		H.	
I.		J.		K.		L.	

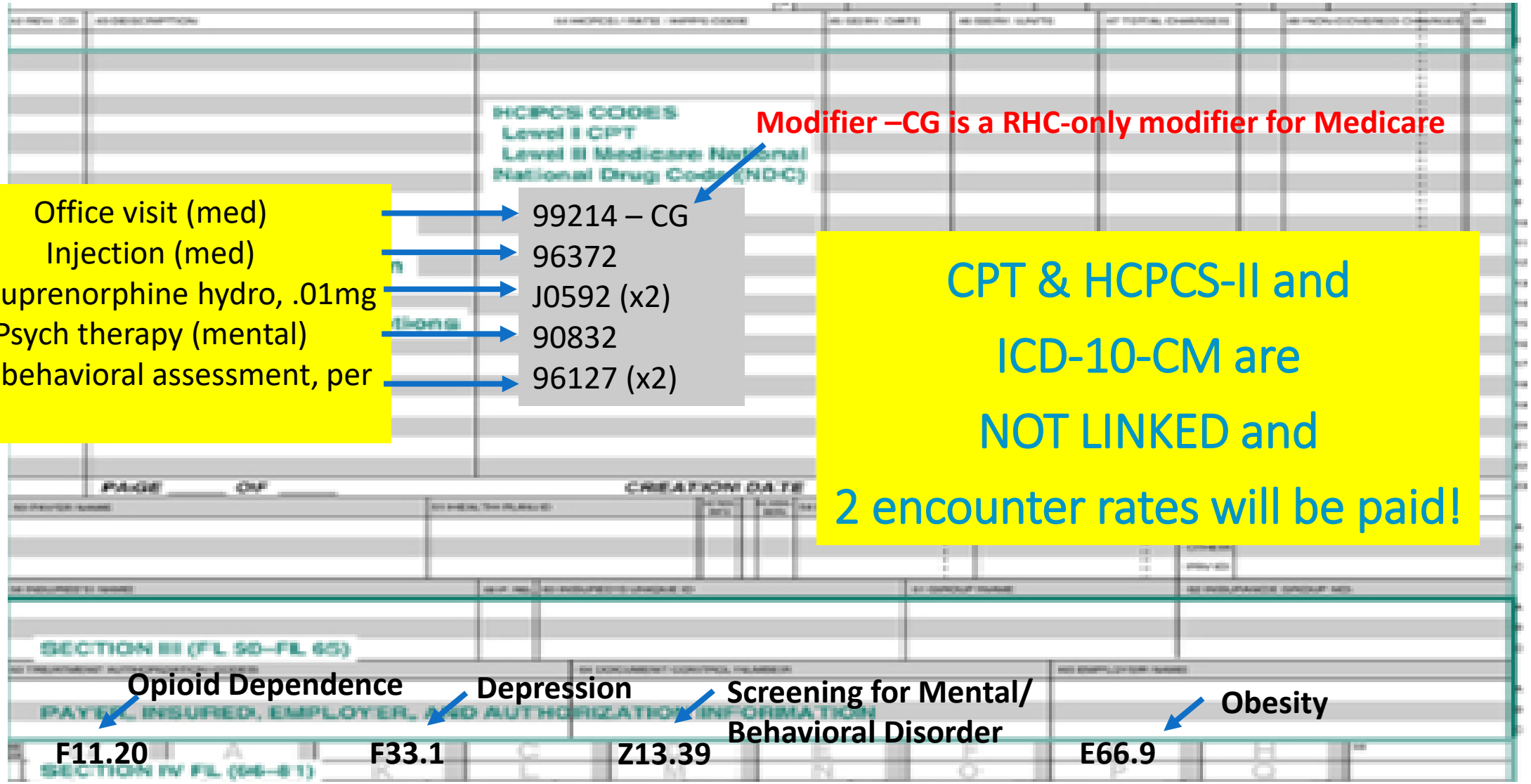
22. RESUBMISSION CODE ORI

23. PRIOR AUTHORIZATION NUMBE

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSD Famil Plan
1 07	01	21	07	01	21	11		90832		B, A	210.00		
2 07	01	21	07	01	21	11		96127		C	20.00	2	
3													

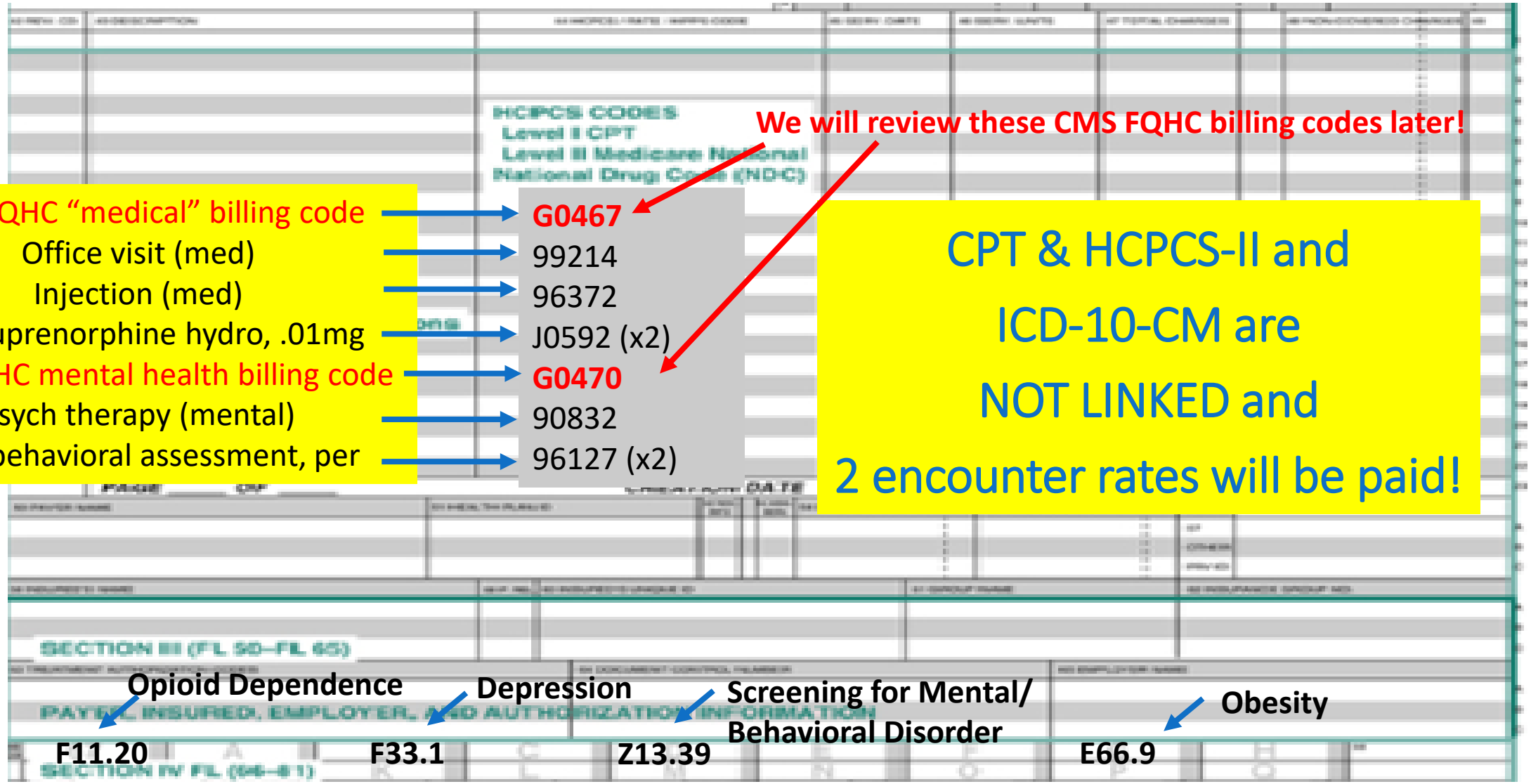
Same Day Services by a Medical Provider & a Mental Health Provider in a RHC to Medicare

Sample CMS 1450



Same Day Services by a Medical Provider & a Mental Health Provider in a FQHC to Medicare

Sample CMS 1450



Required Information on RHC/FQHC Medicare Claims

Medicare Claims Processing Manual
Chapter 9 - Rural Health Clinics/
Federally Qualified Health Centers

50 - General Requirements for RHC and FQHC Claims
(Rev. 3434, Issued: 12-31-15, Effective: 03-31-16, Implementation: 03-31-16)

60 - Billing Requirements for RHCs and FQHCs
(Rev. 3434, Issued: 12-31-15, Effective: 03-31-16, Implementation: 03-31-16)

Sample Medical CPT Codes for SUD/OUD/MAT

11981-11983 – Insertion, removal, or removal with re-insertion, non-biodegradable drug delivery implant

80305-80307 – Presumptive Drug Tests

80320-80377 – Definitive Drug Testing

96156-96171 – Health and behavioral assessments and interventions

96372 – Giving a therapeutic injection

99202-99215 – Evaluation & Management (office/outpatient) code mainly for MAT visits

99218-99350 – Evaluation & Management visits in observation, inpatient, nursing home, nursing facility, home visits, etc.

99281-99285 – Emergency Department Services

Sample Medical HCPCS-II Codes Used for Billing?

G0210/G2250 + G0212/G2251-2 –Virtual Communication Services (VCS) for commercial commercial/Medicaid claims

J0570, J0571-J0575 – Buprenorphine implant 74.2 mg and Buprenorphine/naloxone, oral, various dosages

J0592 – Injection, Buprenorphine Hydrochloride, per .1 mg

J2310-J2315 – Injection, Narcan, and/or Naloxone/Naltrexone per 1mg *(used to report the supply of the drug(s))*

Q9991-Q9992 - Injection, buprenorphine extended-release, less than or equal to 100 mg *or greater than 100mg*

Modifiers - be aware of the potential need to add HCPCS-II modifiers –HF for a substance abuse program vs. –HG for an opioid program

Sample Behavioral Health CPT Codes for SUD/OUD/MAT

+ 90785 – Interactive Complexity add-on code for more revenue when dealing with barriers to communication

90791-90792 – Psychiatric Diagnostic Evaluations

90832-90838 – Psychotherapy with or without drug management 30/45/60 minutes

96127 – Brief emotional/behavioral assessment with scoring and documentation, **per instrument** likely used with diagnosis code Z13.89

99492-99494 – Psychiatric Collaborative Care Model

99484 – Care Management for Behavioral Health Conditions (ex. BHI)

Sample Behavioral Health HCPCS-II Codes Used for Billing?

G0210/G2250 + G0212/G2251-2 – Virtual check-ins and "store and forward" virtual check-ins for commercial commercial/Medicaid claims

G0511-G0512 – Behavioral Health Integration, and/or Psychiatric Collaborative Care Model (*RHC/FQHC-specific*)

H2011-H2013, H2018-H2022 – Crisis interventions, behavioral/psychiatric health day treatments, psychosocial rehab, community-based wrap-around services (*time-based*)

H2034-H2036 – Alcohol and/or drug abuse halfway house

Possible Vital G-codes Billing Options for Assorted Payers

Here are some additional billing options based on your facility-type.

As always, check with each carrier to find which they prefer and how often they are reimbursable.

Check with payers!

G2086-G2088

Office-based bundled OUD codes includes treatment plan dev, care coordination, individual therapy and group therapy and counseling; initial/subsequent month, based on total time ***per calendar month***.

+G2213

Emergency Department – Initiation of OUD treatment, including assessment, referrals, and arranging access to supportive services.

+G2215-G2216

Take-home supply of methadone, buprenorphine, or oral/nasal naloxone.

G0516

Insertion of non-biodegradable drug delivery implants (i.e. subdermal Buprenorphine rods).

+G2078-G2079

Opioid Treatment Program Only - Take-home supply of methadone, buprenorphine, up to 7 additional days supply.

G9621-G9624

Screening for unhealthy alcohol use – codes change based on findings and if you did or didn't perform the screening.

Possible H-code Billing Options Unique to Medicaid

It is necessary for your full team to review the definitions of every single H-code in the HCPCS-II manual. We can't list them all below and many may not ever be needed depending on carrier variations BUT, check out these highlights for now…

H0001-H0007

Alcohol and/or drug assessments, behavioral health counseling and therapy, case management, crisis interventions.

H0015

Alcohol/drug intensive outpatient treatment at least 3 hours a day, 3 days per week, includes assessment, crisis eval, activity therapy, etc.

H0038

Self-help/peer services, per 15 minutes. Consider using for Peer Support Services.

H0033, H0034

Oral medication administration with direct observation, medication training and support.

H0047-H0050

Examples include alcohol/drug services NOS, drug testing collection & handling non-blood specimens, screening, brief interventions.

H2010- H2037 – Time and Per Diem Codes

Medication services, day treatments, community services, wrap-around services.

Possible T-code Billing Options Unique to Medicaid

Be sure to carefully research these and other codes for various Medicaid nursing assessments, "all inclusive" encounter rate/per diem clinic visits, if applicable

T1001

Nursing assessment/evaluation

T1002 and T1003

RN or LPN/LVN services, up to 15 minutes

T1006-T1007

Alcohol and or substance abuse services including family/couple counseling and assorted treatment plan development and/or modification

T1015

Clinic visit/encounter, all-inclusive

T1023

Screening to determine appropriateness of participation in a program/project or treatment protocol, per encounter

T2048

Behavioral health, long-term residential treatment program usually more than 30 days with room/board, per day

What may be next for RHC/FQHC/CAH/small rural hospitals?

Check out CMS' Opioid Treatment Program (OTP) ***bundled payment codes*** G2067-G2079 effective as of January 2020 used by FFS and other providers most likely for methadone clinics.


mln FACT SHEET
KNOWLEDGE • RESOURCES • TRAINING
OPIOID TREATMENT PROGRAMS (OTPs)
MEDICARE BILLING AND PAYMENT FACT SHEET
TARGET AUDIENCE
OTP Providers
Page 1 of 19 MLN 8296732 May 2020

G2067 Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a medicare-enrolled opioid treatment program)

G2068 Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)

G2069 Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)

HYPERLINK

Source: *MLN #8296732 Billing & Payment Fact Sheet (May 2020)*

Diagnostic Documentation and Coding for SUD/OUD/MAT

Basics of Substance/Opioid Use, Abuse, and Dependence

Be aware of the possible need to have your clinical staff compare the DSM-5 definitions of mild, moderate, and severe disorders and the number of criteria documented to help make decisions on proper reporting of ICD-10-CM codes.

- Compare/contrast DSM-5's early vs. late remission options and notice that the ICD-10-CM may group them together into the same code.

*"If documented drug use is not treated or noted as affecting the patient's physical, mental or behavioral health, **do not** code it, except in pregnancy."*

- Ex. Septal ulcer due to cocaine use
- Ex. tachycardia due to methamphetamine use

Source: "AMA Risk Adjustment Documentation and Coding, 2nd Edition by Sheri Poe Bernard (2020)

Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-5)

DSM-5 Diagnostic Criteria for OUD

In order to confirm a diagnosis of OUD, at least two of the following should be observed within a 12-month period:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Exhibits tolerance (discussed in the next section).
11. Exhibits withdrawal (discussed in the next section).

FYI - SUD has its own similar list of 11 items to establish a clinical diagnosis

Compare/Contrast: DSM-5 vs. ICD-10-CM

Highlights of Changes from DSM-IV-TR to DSM-5

American Psychiatric Publishing
A Division of American Psychiatric Association

Criteria and Terminology

DSM-5 does not separate the diagnoses of substance abuse and dependence as in DSM-IV. Rather, criteria are provided for substance use disorder, accompanied by criteria for intoxication, withdrawal, substance/medication-induced disorders, and unspecified substance-induced disorders, where relevant.

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Early remission from a DSM-5 substance use disorder is defined as at least 3 but less than 12 months without substance use disorder criteria (except craving), and sustained remission is defined as at least 12 months without criteria (except craving). Additional new DSM-5 specifiers include "in a controlled environment" and "on maintenance therapy" as the situation warrants.

HYPERLINK

SOURCE:
https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM_Changes_from_DSM-IV-TR_-to_DSM-5.pdf

Highlights of Chapter 5 – ICD-10-CM Guidelines - Section I-C

2) Psychoactive Substance Use, Abuse and Dependence

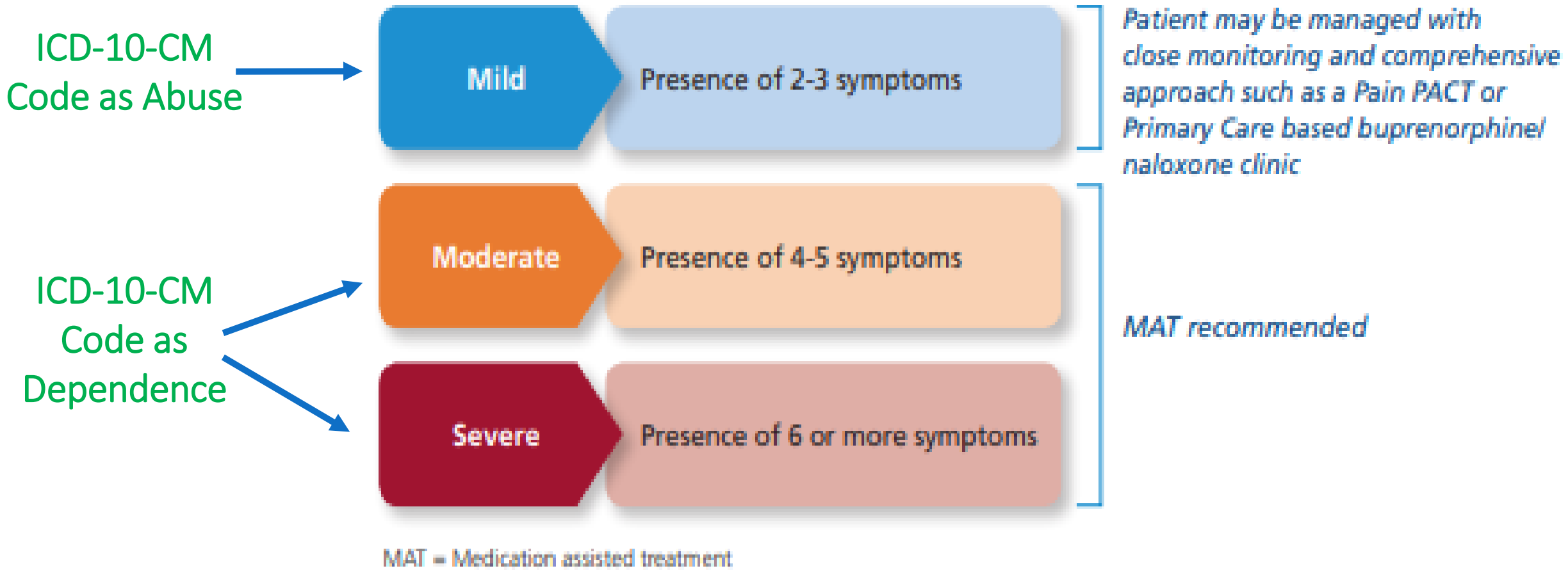
When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse

- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence.

Translating DSM-5 Terms to Proper ICD-10-CM Code Usage

DSM-5 Use Disorder Criteria



SOURCE: *VA Opioid Use Disorder Clinician's Guide – link provided on an earlier slide*

Proper ICD-10-CM use can generate revenue for Per-Member-Per-Month (PMPM) Payments

- If you are receiving capitated (ex. PMPM) payments – ICD-10-CM codes can increase payments on a patient-by-patient level!

- Hierarchal Conditions Categories (HCC) and proper diagnostic coding using HCCs 54, 55, and 56 (*i.e. RAF increase of .329*) can significantly impact "quality reporting" and Shared Savings if you are in an Accountable Care Organization.

- This is especially likely with Medicare/Medicaid Managed Care Organizations (MCO).

Sample of ICD-10-CM Opioid Dependence Codes

- F11.2 Opioid dependence
  - F11.20 …… uncomplicated
  - F11.21 …… in remission
  - F11.22 Opioid dependence with intoxication
    - F11.220 …… uncomplicated
    - F11.221 …… delirium
    - F11.222 …… with perceptual disturbance
    - F11.229 …… unspecified
  - F11.23 …… with withdrawal
  - F11.24 …… with opioid-induced mood disorder
  - F11.25 Opioid dependence with opioid-induced psychotic disorder
    - F11.250 …… with delusions
    - F11.251 …… with hallucinations
    - F11.259 …… unspecified
  - F11.28 Opioid dependence with other opioid-induced disorder
    - F11.281 Opioid dependence with opioid-induced sexual dysfunction
    - F11.282 Opioid dependence with opioid-induced sleep disorder
    - F11.288 Opioid dependence with other opioid-induced disorder
  - F11.29 …… with unspecified opioid-induced disorder

ICD-10-CM Code Sections for Mental and Behavioral Disorders Due to Psychoactive Substance Use (F10-F19)

- **F10 = Alcohol related disorders**
  - TIP: Use additional code for blood alcohol level, if applicable (Y90.-).
  - Uncomplicated, in remission, with intoxication/withdrawal/perceptual disturbance, or other disorders (ex. sleep or anxiety).

- **F11 = Opioid related disorders**
  - TIP #1: Do not report a code from this section alone for prescribed opioid use. It is necessary to also report an associated and documented physical, mental or behavioral disorder.
  - TIP #2: There are no codes for "use" – if documented as mild use (*2-3 DSM-5 criteria*) code to abuse. If documented as moderate (*4-5 DSM-5 criteria*) or severe (*6 or more DSM-5 criteria*) code to dependence.
  - Uncomplicated, in remission, with intoxication/withdrawal/perceptual disturbance, or other disorders (ex. psychotic).

- **F12 = Cannabis related disorders – same rule as tip #2 above.**
  - Uncomplicated, in remission, with intoxication/withdrawal/perceptual disturbance, or other disorders (ex. psychotic), or delirium.

ICD-10-CM Code Sections for Mental and Behavioral Disorders Due to Psychoactive Substance Use (F10-F19)

- **F13 = Sedative, hypnotic, or anxiolytic (i.e. anxiety) disorders**
  - TIP: Again there are no “use” codes + be aware of options that may include intoxication or withdrawal in the documentation when coding this section.
- F14 = **Cocaine related disorders**
  - TIP: Be aware of intoxication options for more specified coding.
- **F15 = Other stimulant related disorders**
  - TIP: Includes amphetamine-related disorders, methamphetamine, caffeine, and “bath salts” abuse and dependence.

ICD-10-CM Code Sections for Mental and Behavioral Disorders Due to Psychoactive Substance Use (F10-F19)

- F16 = Hallucinogen related disorders
  - TIP: Again be aware that “mild use” should be coded to abuse while moderate/severe should be coded to dependence. Also notice coding notes in the manual that identify which options to use with in “early remission” versus in “sustained remission.”

- F17 = Nicotine dependence
  - TIP: Be aware of which nicotine product is being referenced in the documentation as the codes will be different for cigarettes versus chewing tobacco and other options.
  - EXAMPLE: If using an electronic cigarette report F17.29, Nicotine dependence, other tobacco product.

ICD-10-CM Code Sections for Mental and Behavioral Disorders Due to Psychoactive Substance Use (F10-F19)

- F18 = Inhalant related disorders
  - TIP: Additional coding options in this section exist for associated intoxication, psychotic disorders, mood disorders, delusions, hallucinations, and anxiety.

- F19 = Other psychoactive substance related disorders – includes polysubstance/indiscriminate drug use.
  - "Polysubstance dependence" was removed as a diagnosis in the DSM-5.
  - Uncomplicated, in remission, with intoxication/withdrawal/perceptual disturbance, or other disorders (ex. anxiety).

Get More Documentation Samples

CLINICAL EXAMPLES

NONSPECIFIC DOCUMENTATION	SPECIFIC DOCUMENTATION
Example 1 Assessment: Alcohol use disorder[a]	**Example 1** Mild alcohol use disorder with alcohol-induced impotence[b]
Example 2 Patient is being admitted to the treatment center with a history of opioid dependence.[c]	**Example 2** Patient is being admitted to the treatment center for treatment of opioid dependence. He has been an IV heroin user for five years.[d]

[a] "Disorder" is not sufficient; the documentation must identify the type of disorder caused by the alcohol use (eg, anxiety, delusions, intoxication, liver disease).

[b] Specify the severity of the disorder with "abuse," and the manifestation as sexual disorder, specifically, impotence.

[c] If the patient is being admitted, it seems unlikely this patient is in remission, but that is what is documented. Patient has opioid dependence, not a history of opioid dependence.

[d] Here we have quantified the time the patient has been an opioid user without making the mistake of using "history of."

Source:
"AMA Risk Adjustment Documentation and Coding, 2nd Edition– by Sheri Poe Bernard (2020)

Social Determinants of Health

- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z58 Problems related to physical environment
- Z59 Problems related to housing and economic circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances

Social Determinants of Health

- Those were only the main categories of codes – each section on the previous slide contains anywhere from 6-12 specific codes that may be needed for state/federal grant projects, limited Medicaid coverage restrictions, or any other administrative reason to identify how a patient's social factors can influence their overall health.

- Consider their possible impact in 2021/2022 on documentation of Medical Decision Making!

- Research the "PRAPARE" tool for a ton of valuable SDoH information from national leaders including webinars, templates, and additional resources to capture key data by clinical staff for inclusion on claims at: https://prapare.org/

For additional information – check out the American Society of Addiction Medicine's Reimbursement Toolkit

CAUTION! Expect to Adjust Your Billing Based on Your Facility Type!

- **Overview of MAT Billing**
- **Clinical Examples with Coding/Billing Options**
- **Behavioral Health Screening**
- **Telehealth Services**
- **OTP Bundled Payments**
- **State Medicaid Policies**
- **Alternate Payment Models**
- **Appendix on DSM-5 Diagnoses and ICD-10-CM Codes**

HYPERLINK

SOURCE: https://pcssnow.org/wp-content/uploads/2021/07/Utilization-Management-Toolkit.pdf

Other SUD/OUD Treatment Services

Telehealth vs. Virtual Communication Services,
Behavioral Health Integration,
and the Psychiatric Collaborative Care Model

Medicare Claims Processing Manual
Chapter 9 - Rural Health Clinics/
Federally Qualified Health Centers

70.7 - Virtual Communication Services
(Rev. 10357, Issued: 09-18-2020, Effective: 10-19-2020, Implementation: 10-19-2020)

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Medicare Benefit Policy Manual
Chapter 13 - Rural Health Clinic (RHC) and
Federally Qualified Health Center (FQHC) Services

200 - Telehealth Services
(Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18)

240 – Virtual Communication Services
(Rev. 252, Issued: 12-07-18, Effective: 01-01-19, Implementation: 01- 02-19)

CMS Guidance on Virtual Communication Services and Telehealth (Ch. 9 and 13)

Excerpt From CMS Approved Telehealth List

A	B	C	D	E
		SERVICES effective January 1, 2022 - updated January 5, 2022		
Code	**Short Descriptor**	**Status**	**Can Audio-only Interaction Meet the Requirements**	**Medicare Payment Limitations**
97802	Medical nutrition indiv in		Yes	
97803	Med nutrition indiv subseq		Yes	
97804	Medical nutrition group		Yes	
99202	Office/outpatient visit new			
99203	Office/outpatient visit new	?		
99204	Office/outpatient visit new			
99205	Office/outpatient visit new			
99211	Office/outpatient visit est			
99212	Office/outpatient visit est			
99213	Office/outpatient visit est			
99214	Office/outpatient visit est			
99215	Office/outpatient visit est			
99217	Observation care discharge	Available up Through December 31, 2023		
99218	Initial observation care	Temporary Addition for the PHE for the		

There are many codes on this list that we are NOT used to getting paid for. Also – what about audio-only visits?

2022 CMS Updates on RHC/FQHC Mental Health Telehealth During/After the PHE

RHCs/FQHCs are now formally allowed to report mental health visits done via *"real-time telecommunication technology in the same way they currently do when visits take place in-person, including audio-only visits when the beneficiary is not capable of, or does not consent to, the use of video technology."*

- AFTER the Public Health Emergency there must be an in-person mental health service (*using revenue code 0900*) furnished "within 6 months prior to the furnishing of the telecommunications service…" and an in-person mental health visit every 12 months while they are receiving telehealth visits by the original telehealth practitioner or a colleague in the same subspecialty and in the same group practice, though there are limited exceptions.

For Medicare mental health telehealth visits RHC/FQHC should bill as though performed onsite + modifier -95 may now be required as of 2022 if done via audio and video, whereas you may need the newly created HCPCS-II modifier –FQ if audio-only.

Track potential continuing updates to CMS' and MLN Matters #MM12427 "New/Modifications to the Place of Service (POS) codes for Telehealth" affecting POS 02 (*patient in other than in their home*) and the newly created POS 10 (*patient is in their home*), though as of this class "Medicare hasn't identified a need for new POS 10." NOTE: a potential effective date of April 4, 2022.

- *"During the PHE, Medicare does not require use of telehealth POS codes" as per CMS' Guidance to MACs*

Virtual Communication Services (VCS) with contact initiated by the patient

Virtual Check-in - Via telephone or other electronic means

- HCPCS II code G2051-G2052
- RHC/FQHC should use G0071 to Medicare (~$24)

"Store and Forward" Audio/Video - Via video/images uploaded by a patient via a patient EHR portal and reviewed by a provider.

- HCPCS II code G2250
- RHC/FQHC should use G0071 to Medicare (~$24)

Online Digital E/M Services - Online digital E/M visits reported once per 7 days.

- CPT codes 99421-99423 to non-Medicare
- RHC/FQHC should use G0071 to Medicare (~$24)

Virtual Communications Services (VCS)

Purpose: The purpose of VCS is to aid community/rural health providers who engage in "virtual check-ins" via phone and or the "store and forward" via a patient portal interpret images/audio submitted by patients for over 5 minutes for condition(s) unrelated to recent visits and that do not result in an immediate visit.

Research: For Medicare's guidelines for RHC/FQHC reporting Virtual Communication Services in the CMS Benefits Policy Manual Chapter 13 – section 240

FAQs: CMS prepared an 8-page set of frequently asked questions (FAQ) that is specific for FQHC/RHC providers. Get it at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf

Q & A

Thanks for your attention and participation! This is our time to shine!

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