

How-To Guide: How to Understand Insurance and Billing Issues

Tips and advice about:

- Commonly used CPT codes for buprenorphine treatment
- Setting up a cash-only buprenorphine treatment program
- Overviews of Medicaid, Medicare, and private insurance coverage for buprenorphine treatment
- Cost of buprenorphine treatment to patients

Plus resources on each page with additional tips and tools!

Written by [Clinical Tools, Inc.](#)

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Reviewed by [experts in buprenorphine treatment](#)

Publication date February 9, 2009. Updated December 2013.

Commonly Used CPT Codes - Primary Care

Although there are few specific codes for billing for buprenorphine treatment (nor for all of addiction medicine), most private health insurance companies are now covering the cost of treatment. PCPs have been successfully using standard evaluation and management outpatient billing codes for both the induction and maintenance stages of treatment.

Coding is either based on **complexity of service** or **time**, with four contributing components:

- history
- physical exam
- complexity of decision-making
- contributing factors (eg: time)

In the event of an audit, the documentation for a single visit must stand alone, unless another record is specifically referenced.

The most commonly used CPT codes by Primary Care Physicians are as follows:

| Type of Visit | Code |
|--------------------------|---------------------------|
| Assessment Visit: | New Patient: 99205 |

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| Type of Visit | Code |
|---|---|
| Comprehensive evaluation of new patient or established patient for suitability for buprenorphine treatment | Established Patient: 99215 |
| Induction Visits: Any of the new patient evaluation and management (E/M) codes might be used for maintenance visits. Codes listed are in order of increasing length of time with patient and/or severity of the problems. | New Patient E/M: 99201-05 Established Patient E/M: 99211-15 Patient Consult: 99241-45 Psychiatric Outpatient Counseling: 99251-55 |
| Psychiatric outpatient counseling code does not specify minutes. | Add-on Codes: 30-60 minutes: 99354; 60+ minutes: 99355 |
| Prolonged visit 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 need not be continuous. | |

Maintenance Visits:

Any of these established patient E/M codes might be used for maintenance visits.

Established Patient: 99211-15

Counseling codes are commonly used to bill for maintenance visits, since since counseling and coordinating service with addiction specialists comprise the majority of these follow-up visits.

See the following page on counseling for more detailed information on how to bill for these visits.

The current ICD-10 code for opioid dependence is F11. The new code must be used by October 2015. The ICD-9 Code for opioid dependence was 304.0x. For the (x) use these classifications: 0=unspecified, 1=continuous, 2=episodic, 3=in remission.

Some private health insurers are developing standard billing codes for buprenorphine treatment services. For instance, Cigna tells clinicians to use the HCPCS code for "unspecified mental health care" for buprenorphine-related visits. The code is H0033 - Oral Medication Administration, Direct Observation. Cigna allows for approximately \$300 reimbursement for the induction visit.

Related Resources: [NAABT Coding Grid](#)

Description: Displays the appropriate CPT and HCPCS billing codes for the different phases of buprenorphine treatment.

Source: The National Alliance of Advocates for Buprenorphine Treatment (NAABT)

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Description: This clinical guidance from the PCSS-MAT provides a list of commonly used CPT codes for buprenorphine induction and maintenance. Information is included for both psychiatrists and non-psychiatrist physicians.

Source: PCSS-MAT

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[Improving Access to Buprenorphine](#)

Description: This is an article written by CIGNA Behavioral Health's (CBH) Senior Medical Director. It describes how CIGNA addressed reimbursement, a major barrier to physician prescription of buprenorphine, by identifying an HCPCS code (H0033) that physicians can use to bill for the services provided during buprenorphine induction visits.

Source: Nemecek, Doug. Behavioral Healthcare: November 2007.

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[Commonly Used CPT Codes – Primary Care \(PDF\)](#)

Description: PDF of Commonly Used CPT Codes in Primary Care

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Source: Clinical Tools, Inc.

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19.64 KB

[Commonly Used CPT Codes Primary Care.pdf](#)

Topics: [Insurance and billing issues](#)

Commonly Used CPT Codes for Counseling - Primary Care

Counseling and coordinating service with addiction specialists will be a large portion of maintenance visits. Waivered providers can provide and bill for counseling without conducting a review of systems, and should use Counseling codes in place of E/M codes (99211-15). Documentation for a counseling visit should include:

- Total visit time
- Time spent counseling or coordinating care (must be face-to-face)
- The nature/content of the counseling

The determining factor for when to use counseling time rather than complexity in a visit is that counseling or coordination of care must take up more than 50% of the total visit time. Coding is then based on the **total visit time**, not just the time spent counseling or coordinating care. A statement such as the following serves as documentation of time spent:

"A total of ____ minutes of a _____ minute visit was spent counseling the patient about _____. "
Level New Patient Counseling

- 1
- 2
- 3
- 4
- 5*

*Note: All 5 levels are included in this table, however, level 5 is infrequently used in primary care and typically involves problems of moderate to high severity.

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Commonly Used CPT Codes for Buprenorphine Treatment - Psychiatrists

For psychiatrists, CPT codes for buprenorphine treatment are time-based. As of January 1, 2013, several code changes and adaptations were made:

- The time for each psychotherapy code is now described as being as time spent with the patient and/or family member, whereas previously it was only measured by time spent face-to-face with a patient.
- There are no longer separate codes for interactive psychotherapy. Instead there is an add-on code for interactive complexity, which may be used when the patient encounter

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is made more complex by the need to involve people other than the patient (90785).

- There is no distinction made by setting, psychotherapy codes are now applied to all settings.
- A code was created for "Psychotherapy for crisis" (CPT code: 90839, +90840), effective January 1, 2013.

Please refer to the table below for current CPT codes for the most common psychiatric services.

The most commonly used CPT codes by Psychiatrists are as follows:

| Type of Visit | Service | Code | Repor con |
|---|--|----------|------------------|
| Assessment Visit: Psychiatric diagnostic interview exam. Includes history, mental status, and disposition assessments, and may also include labs. | Diagnostic evaluation (no medical) | 90791 | |
| | Diagnostic evaluation with medical | 90792 | |
| Consultation: Used for induction and/or with an established patient. | - | 99251-55 | |
| Maintenance Visits: For use in all settings with patient or family (with no medical evaluation and management) | Ps yc ho th er ap y 30 (16-37*) min | 90832 | When appropriate |
| | 45 (38-52*) min | 90834 | |
| | 60 (53+*) min | 90837 | |
| Maintenance Visits: For use in all settings with patient or family (with medical evaluation and management) | E/ M pl us ps yc ho th er ap y (E/ M code - s el ec t u si 30 (16-37*) min | +90833 | When appropriate |

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| Type of Visit | Service | Code | Repor con |
|---|--|--------|--------------|
| | ng ke 45 (38-52*) min | +90836 | |
| | y co m po ne nt s, no t ti me) an d on e of th es e ad d- on s: 60 (53+*) min | +90838 | |
| Group Therapy: Includes outpatient buprenorphine services provided within an Intensive Outpatient Services program. (code for group psychotherapy remains the same, but now includes interactive group psychotherapy as well) | Group psychotherapy | 90853 | No |

*Per CPT Time Rule

The Group Therapy code is an appropriate code to use when buprenorphine treatment is provided in an Intensive Outpatient Services program.

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Overview of Medicaid Coverage

Because Medicaid provides substance abuse treatment as a state option, Medicaid coverage for buprenorphine treatment varies significantly by state. Some states reimburse Medicaid patients for buprenorphine treatment, and others do not, even when it is listed on the formulary. For example, in New Jersey, the Suboxone® tablet itself was covered by Medicaid, but the office-based treatment visits were not (Colameco et al, 2005). Check with your state for the current status on reimbursement for buprenorphine.

Medicaid coverage of buprenorphine depends on:

- Prior authorization and medical necessity
- If your state's Medicaid plan is offered through a managed care or HMO program
- If buprenorphine is on your state's formulary list, check online or call your state's Medicaid office to determine what coverage is available for buprenorphine treatment.

Medicaid Screening and Brief Intervention Codes

New Screening and Brief Intervention (SBI) codes are currently in place in 9 states. These codes, H0049 - Alcohol and Drug Screening, and H0050 - Brief Intervention, enable physicians to be reimbursed for screening Medicaid-eligible patients for substance abuse.

The states with the codes in place thus far are: Iowa, Maryland, Minnesota, Montana, Oklahoma, Oregon, Tennessee, Virginia, and Washington. Wisconsin provides SBI as part of a package for pregnant women.

Note for Medicaid licensed providers who live in states where Medicaid pays for buprenorphine treatment: charging cash for buprenorphine treatment is illegal and state attorney generals have been investigating such practices.

Related Resources: [TIP 45. Detoxification and Substance Abuse Treatment. Chapter 6: Financing and Organizational Issues](#)

Description: This chapter of the TIP 45 discusses funding, resources, organization and patient contracts in substance abuse treatment.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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[Evaluation of the Buprenorphine Waiver Program: Reimbursement and Availability Tracking Study](#)

Description: This study examines decision-making in the buprenorphine treatment distribution and payment systems. The study is based on interviews with health care leaders involved in the distribution and adoption of buprenorphine.

Source: The Center for Substance Abuse Treatment (CSAT)

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[HBO Addiction Special](#)

Description: This is the web format of a special addiction program by HBO. The material covers issues such as who pays for addiction treatment, and drug treatment for adolescents.

Source: Home Box Office, Inc., 2007

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[Links to State Health Department Websites](#)

Description: List of contact information and websites for all of the state health departments.

Source: Centers for Disease Control and Prevention

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[Healthcare Access in Rural Communities](#)

Description: This website offers information about rural health programs and providing access to treatment, as well as Medicare and Medicaid funding for certain services and treatments in order to increase patient access to health care.

Source: U.S. Department of Health and Human Services

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Setting Up a Cash-Only Buprenorphine Treatment Program



Some providers run a cash-only buprenorphine treatment practice in which they set their own fees and costs for treatment. Cash-only-service treatment providers should have a clear policy and cost sheet regarding initial and ongoing expenses for treatment. This should include costs for assessment, induction, and maintenance visits. You should also take into account the various costs of providing services to your patients, which may include:

- Staff time spent with patients
- Administrative time (i.e. filling out paperwork, answering phone calls)
- Capital and operating expenses

To get a better idea of reasonable rates to charge for buprenorphine treatment, you may want to consult with a more experienced provider in your local area. You can contact other buprenorphine providers via the PCSS or NAABT websites or SAMHSA waived physician webboard.

You need to also be aware of billing fraud. If you have a contract with a health insurance company then the contract may prohibit you from accepting cash for covered services, unless specific waiver of covered benefits forms are filled out by the patient prior to the delivery of services. Accepting cash payment without specific authorization by insurer may be considered billing fraud.

Related Resources: [Physician Clinical Support System - Buprenorphine \(PCSS-MAT\)](#)

Description: This website is designed to support physicians who prescribe buprenorphine by

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linking them up with a national network of trained physician mentors.

Source: Physician Clinical Support System (PCSS)

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[TIP 45. Detoxification and Substance Abuse Treatment. Chapter 6: Financing and Organizational Issues](#)

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Topics: [Induction and dosing](#)

Tags: [Payment](#)

Overview of Medicare Coverage



Buprenorphine treatment costs are typically not covered by Medicare unless the treatment is provided in an inpatient or outpatient treatment center. It may also be covered in some instances, such as during detoxification or early stage stabilization. However, the Medicare benefit does not usually cover typical office-based buprenorphine induction or maintenance treatment visits.

In some instances, Medicare Part D may cover the cost of the buprenorphine tablets themselves. Only some Medicare providers will reimburse (including Healthnet Orange, Silverscript, and Wellcare) and prior authorization is usually required.

Learn more about Medicare coverage for buprenorphine treatment by searching the online Formulary Finder for Prescription Drug Plans and Advantage Prescription Drug Plans. Note: search under "Suboxone®" in these guides.

Related Resources: [American Psychiatric Association Practice Guidelines for the Treatment of Patients with Substance Use Disorders](#)

Description: This website offers comprehensive guidelines for treating patients who have substance use disorders.

Source: American Psychiatric Association (APA), 2006

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[NAABT Coding Grid](#)

Description: Displays the appropriate CPT and HCPCS billing codes for the different phases of buprenorphine treatment.

Source: The National Alliance of Advocates for Buprenorphine Treatment (NAABT)

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[Formulary Finder for Prescription Drug Plans](#)

Description: This is a database that allows users to search Medicare Prescription Coverage and Medicare Advantage Prescription Drug Plans by State.

Source: Department of Health and Human Services

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[The Medicare Coverage Database](#)

Description: This database allows physicians to search for local Medicare policies and relevant articles.

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Source: US Department of Health and Human Services
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[HBO Addiction Special](#)

Description: This is the web format of a special addiction program by HBO. The material covers issues such as who pays for addiction treatment, and drug treatment for adolescents.

Source: Home Box Office, Inc., 2007

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Overview of Private Insurance Coverage



Health insurance plans classify buprenorphine as a "niche" medication. This is because Suboxone® and buprenorphine monotherapy tablets are prescribed solely for opioid dependence, a diagnosis that companies predict will affect a limited number of their covered individuals. However, private insurance companies are increasingly covering the cost of the appointments, and almost all major insurance providers now cover the cost of the prescription itself. Companies are also making it easier for physicians to obtain reimbursement for buprenorphine treatment.

Note that though insurers may cover more costs, there is often a high co-pay amount since buprenorphine is typically off-formulary. As such, the cost of co-pay can be exorbitant for patients and may require planning and foresight regarding dosing and medication refills. For instance, federal Blue Cross/Blue Shield co-pays are based on the number of pills prescribed.

Additionally, insurance coverages also vary by region; patients who plan to use insurance coverage for buprenorphine treatment should contact their provider to see what expenses are covered. This should be done prior to starting treatment so that there are no unexpected charges or fees later on.

Related Resources: [NAABT Coding Grid](#)

Description: Displays the appropriate CPT and HCPCS billing codes for the different phases of buprenorphine treatment.

Source: The National Alliance of Advocates for Buprenorphine Treatment (NAABT)

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[Improving Access to Buprenorphine](#)

Description: This is an article written by CIGNA Behavioral Health's (CBH) Senior Medical Director. It describes how CIGNA addressed reimbursement, a major barrier to physician prescription of buprenorphine, by identifying an HCPCS code (H0033) that physicians can use to bill for the services provided during buprenorphine induction visits.

Source: Nemecek, Doug. Behavioral Healthcare: November 2007.

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[Evaluation of the Buprenorphine Waiver Program: Reimbursement and Availability Tracking Study](#)

Description: This study examines decision-making in the buprenorphine treatment distribution and payment systems. The study is based on interviews with health care leaders involved in the distribution and adoption of buprenorphine.

Source: The Center for Substance Abuse Treatment (CSAT)

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Cost of Buprenorphine Treatment to Patients

The cost of buprenorphine can vary depending on the dose. Cost of a dose of buprenorphine is determined by:

- The pharmaceutical company, brand names and other companies that produce generic buprenorphine
- The health plan
- Retail pharmacies

Daily doses are normally from 8 mg to 24 mg (if using sublingual tablets), (Sullivan & Fiellin, 2008).

Prior-authorization is often required, although this may be decreasing in frequency. Many private clinics accept only cash. For patients who can afford to pay cash, they will have to seek reimbursement through their insurance carriers.

Daily buprenorphine costs \$4,000 to \$5,000 per year and methadone costs \$2,600 to \$5,200 (Blueshift, 2017). Cost for the implant form of buprenorphine is \$4,000 to \$6,000 for six months. These estimates are based on an average dose of 16 mg/day, not including the \$100-\$200 fee for office-visits. Of course, these rates will vary based on factors such as geographic location

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and proximity of other providers.

A variety of prescription discounts are available for low-income patients.

- [Needy Meds](#)
- [Free Drug Card Program](#)
- AAA members can save an average of 20% off the retail price of prescriptions, valid at participating pharmacies.

The generic combination buprenorphine/naloxone tablets may reduce the cost to patients significantly.

References: [Narrative Review: Buprenorphine for Opioid-Dependent Patients in Office Practice Camurus and Indivior Set to Significantly Sway the Opioid Abuse Treatment Market](#)

Related Resources: [How Patients Pay for Buprenorphine](#)

Description: This pie chart shows the breakdown of how buprenorphine patients paid for their doctor's visits. 204 patients in NAABT's physician-patient matching system were surveyed.

Source: The National Alliance of Advocates for Buprenorphine Treatment (NAABT)

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Summary

- Most private health insurance companies are now covering the cost of buprenorphine treatment although there are few specific codes
- Medicaid provides substance abuse treatment as a state option, therefore Medicaid coverage for buprenorphine treatment varies significantly by state.
- The Medicare benefit does not usually cover typical office-based buprenorphine induction or maintenance treatment visits.
- Private insurance companies are increasingly covering the cost of the appointments for buprenorphine treatment, and almost all major insurance providers now cover the cost of the prescription itself.
- The cost of buprenorphine varies with the dose and the retail pharmacy. Cost to the patient obviously varies with the health plan

The End

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