Medications for Addiction Treatment (MAT) Documentation Manual

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Orange County Health Care Agency

Behavioral Health Services

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1. Introduction

PURPOSE

The County of Orange provides Substance Use Disorder (SUD) services to adults who have a substance use disorder and adolescents who either have a substance use disorder or are at risk of developing a substance use disorder.

The County of Orange opted in to participate in the State's Drug Medi-Cal Organized Delivery System (DMC-ODS), which was first implemented in July 2018. At the time, it was a demonstration project that would allow for greater coordination of care for clients as they move from one level of care to another, with the hopes of increasing the likelihood of successful treatment outcomes. With the California Advancing and Innovating Medi-Cal (CalAIM) initiative in 2022, the State has moved towards further streamlining documentation requirements to "improve the beneficiary experience; effectively document treatment goals and outcomes; promote efficiency to focus on delivering person-centered care; promote safe, appropriate and effective beneficiary care; address equity and disparities; and ensure quality and program integrity" (Behavioral Health Information Notice 23-068).

Documentation is vital to maintaining a record of the quality of the services provided to SUD clients. It is our responsibility to our clients to accurately describe the services provided, which also includes the need to understand how to code services properly. This manual is designed to help provide guidance on documentation standards to all clinical staff who work directly with our clients in our SUD programs so that we may work towards maintaining compliance with the regulations. It is intended to complement the documentation trainings provided by the Quality Management Services (QMS) Substance Use Disorder Support Team (SST).

In response to the increasing rates of opioid overdose deaths in recent years, the State has been moving to increase access to Medications for Addiction Treatment (MAT) services. As a result, new requirements for MAT referrals and the provision of MAT services to align with Senate Bill (SB) 184 was released in early October 2023. Each SUD program is required to implement and maintain a MAT policy approved by the Department of Health Care Services (DHCS), that includes specific components such as procedures for the administration, storage, and disposal of MAT. Each program submitted their proposed MAT policy to their assigned DHCS licensing analyst in January 2024 and are expected to be operating in accordance with what has been established. Documentation related requirements for MAT providers are incorporated in this updated version. For more information, refer to Behavioral Health Information Notice 23-054.

For information pertaining specifically to Opioid Treatment Programs/Narcotic Treatment Programs (OTP/NTP), please refer to the SUD Documentation Manual and the general DMC-ODS Payment Reform 2024 CPT Guide. For more information, refer to the DMC-ODS For Providers Website.

Please note that this manual is for educational purposes only.

*****DISCLAIMER*****

This manual is a living document and will be amended as needed, based on changes made by the State. Please keep in mind that the State sets the minimum requirements. Where there is no explicit guidance

from the State or the State is silent, the County can impose standards based on the information available with consideration of internal program requirements. This version is based on the current understanding of the State regulations as well as the County's agreement with the State on what will be provided.

What is Medications for Addiction Treatment (MAT)?

MAT is the use of FDA-approved medications and biological products to treat Alcohol Use Disorder, Opioid Use Disorder, and any substance use disorder. MAT services may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care.

MAT may be provided with the following service components:

- Assessment
- Care Coordination
- Individual and Group Counseling
- Family Therapy
- Medication Services
- Patient Education
- Recovery Services
- SUD Crisis Intervention Services
- Withdrawal Management Services

Providers within the Drug Medi-Cal Organized Delivery System (DMC-ODS) network are required either to:

1. Offer MAT directly, OR
2. Have referral mechanisms in place to facilitate access to MAT off-site through established connections with MAT providers and the provision of transportation to/from MAT locations.

Each SUD program is required to create and put in to practice a DHCS-approved MAT policy.

Who Can Provide MAT services?

Under the DMC-ODS, MAT services can only be provided by the following service providers:

- LPHA Physician:
  - Medical Doctor [MD]or Doctor of Osteopathy [DO]
- Medical Student in Clerkship under the supervision of an MD/DO (note: please be advised that Medical Students are not LPHA Physicians as they do not have a Medical License. See the section on Important information on Medical Students below.)
- LPHA Physician Extender:
  - Physician Assistant or Physician Assistant Clinical Trainee,
  - Nurse Practitioner or Nurse Practitioner Clinical Trainee,
  - Pharmacist or Pharmacist Clinical Trainee
- LPHA Non-Physician:

- Registered Nurse or Registered Nurse Clinical Trainee,
- Licensed Vocational Nurse or Vocational Nurse Clinical Trainee,
- Licensed Psychiatric Technician or Psychiatric Technician Clinical Trainee,
- Licensed Occupational Therapists or Occupational Therapist Trainees (may provide Oral Medication Administration).

- Non-LPHA:
  - Medical Assistants under the direct supervision of a licensed physician or physician assistant/nurse practitioner delegated supervisory authority by a physician. The licensed physician, physician assistant, or nurse practitioner must be physically present and on-site in the treatment facility during the provision of services by an MA. See the section on Important information on Medical Assistants (MAs) below.

No other medical professionals are qualified to provide MAT services!

Note: Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

What About LPHA Physician Extenders?

The LPHA Physician may delegate their duties to a Physician Assistant, Physician Assistant Clinical Trainee, Registered Nurse Practitioner, or Nurse Practitioner Clinical Trainee, to the extent it is outlined in your agency's Policies and Procedures and within the scope of their practice/license.

Important Note:

If your program does not have or intend to utilize a Physician, Physician Assistant, or Registered Nurse Practitioner (Or their respective Clinical Trainees receiving the appropriate clinical supervision), you must follow your program's established MAT policy approved by DHCS (effective January 2024) to refer clients to a MAT provider. Each program's MAT policy should outline the procedures for ensuring there are established relationships with referral locations, assessing each client's need for a MAT referral, and that the client will receive transportation to/from MAT locations. Each SUD program is responsible for administering an evidence-based assessment to determine the client's need for a referral to MAT. This must be completed within twenty-four (24) hours of the client's admission to the SUD program. The provider referring to MAT must complete a warm handoff to the MAT provider (including providing transportation) to ensure the client has been accepted into the MAT provider's program. The warm handoff must be done in real-time with the client and can be done in person or by telecommunication. This needs to happen quickly as the receiving MAT provider will be required to complete their required MAT evaluation within forty-eight (48) hours of the client's admission to the SUD program.

Important information on Medical Students:

Medical Students in Clerkship are medical school students in a training period of their education (typically during the students' third and fourth years of medical school), where they receive hands-on

training under the close monitoring and mentorship of licensed and experienced physicians. This means that Medical Students do not have a Medical License. Therefore, it is important to emphasize that there are limitations to their scope of practice that we must be mindful of.

Medical Students are a newly eligible provider discipline in the DMC-ODS. Although the State has expanded the use of the service billing codes previously available to licensed physicians to now include Medical Students, they cannot take the place of licensed physicians nor function in the same way as a licensed physician. For example, Medical Students cannot prescribe medications. It may be helpful to consider that Medical Students operate as an extension of the licensed physician and predominantly perform services under their direct supervision. Thus, a Medical Student would never be performing MAT services independently of the physician.

Please also remember that the provision of clinical supervision must be clearly documented.

Important information on Medical Assistants (MAs):

Medical Assistants (MAs) are individuals 18 years of age and older who meet all education, training, and/or certification requirements. MAs are unlicensed and may only provide administrative, clerical, and non-invasive routine technical support services within their scope of practice, under the supervision of a licensed physician or physician assistant/nurse practitioner delegated supervisory authority by a physician. The licensed physician, physician assistant, or nurse practitioner must be physically present and on-site in the treatment facility during the provision of services by an MA. As an unlicensed person, MAs may not diagnose or treat or perform any task that is invasive or requires assessment. MAs are not allowed to read, interpret, or diagnose symptoms or test results. Therefore, MAs may give a client a screening tool to gather information as reported by the client. However, they cannot interpret the results or make any decisions based off the information obtained. The supervising physician will need to review the results and make any determinations about the appropriate course of action. MAs are allowed to take a client's vitals (height, weight, temperature, blood pressure, and pulse).

MA training documentation maintained on-site must include the following: A) Diploma or certification from an accredited training program/school, or B) Letter/statement from the current supervising physician that certifies in writing: date, location, content, and duration of training, demonstrated proficiency to perform current assigned scope of work, and signature. C) Evidence of training or attendance at State audiometric training and vision training is documented.

MA scope of practice allows for the administration of pre-measured medications orally, sublingually, topically, vaginally, or rectally, by providing a single dose to a patient for immediate self-administration, by inhalation or by simple injection. In every instance, prior to administration of medication by the MA, a licensed physician, or another person authorized by law to do so shall verify the correct medication and dosage. Administration of injections or scheduled drugs, including narcotic medications, is permitted only if the dosage is verified and the injection is intradermal, subcutaneous, or intramuscular. All medications administered by an MA must be specifically authorized by the supervising physician, which means a specific written order or standing order prepared by the supervising physician. To administer medications by intramuscular, subcutaneous, and intradermal injection, to perform skin tests or venipuncture for the purpose of withdrawing blood, an MA must have competed at least the minimum amount of training hours established in Title 16, section 1366.1. MAs are not permitted to place an intravenous (IV) needle, start, or disconnect the IV infusion tube, administer medications or injections into an IV line, or administer anesthesia.

MAs may hand patients prescription medications that are properly labeled and pre-packaged that have been ordered by a licensed physician, physician assistant, or nurse practitioner. The prescriber must first ensure the medication has the patient's name affixed to the package, confirm the medication and dosage, and provide consultation. It is permissible for MAs to call in refills to a pharmacy, under the direct supervision of the physician, but the medication refill must be exact and have no changes in the dosage levels. The refill must be documented in the client's chart as a standing order, client specific. MAs cannot call in new prescriptions or any prescriptions that have any changes.

It is worth noting that the specificity of the description of the scope of practice limitations for MAs outlined by the Medical Board of California suggests that the utilization of MAs is a vulnerable area with the potential risk of services and practices being perceived as fraud, waste, and/or abuse. Thus, any providers who will be incorporating the use of MAs should be prepared for greater scrutiny of the documentation and billing associated with the services provided.

What Are MAT Services?

MAT services are medically necessary services provided in accordance with an individualized treatment plan determined by an LPHA Physician (MD/DO) or LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee). MAT services may be provided by LPHA Physicians, Medical Students in Clerkship (under the supervision of an MD/DO), LPHA Physician Extenders, LPHA Non-Physician (Pharmacist, Pharmacist Clinical Trainee, RN, RN Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee, LOT, or Occupational Therapist Clinical Trainee), or Medical Assistant working within their scope of practice. MAT services may include:

- Assessment
- Treatment Planning
- Ordering
- Prescribing
- Administering
- Monitoring
- Care Coordination

2. Documentation & Billing of MAT Services

Assessment

Each individual seeking MAT Services must receive an assessment to determine medical necessity and appropriateness for MAT.

1. Medical Necessity:

   a) Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; OR

   b) Have had at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-

Substance Related Disorders, prior to being incarcerated or during incarceration, as determined by substance use history.

2. Appropriateness for MAT:

   a) Use of assessment information on the client's history and current impairments through each of the dimensions of the ASAM Criteria to demonstrate the need for MAT.

Due to the State's attempt to ensure that MAT services are accessible, the MAT evaluation by a MAT provider/prescriber must be completed within forty-eight (48) hours of the client's admission. If the client has been referred by another program, the forty-eight (48) hour timeline is based on admission to the referring program, not admission to the MAT program. In cases where there is a delay or the MAT evaluation is being completed outside of the forty-eight (48) hour timeline, it is advised to document the reason for the delay. If the anticipated delay is associated with a lack of available space to accommodate the admission of the client, it is advised that consideration be given for a referral to another provider with sooner availability.

The State does not dictate how the assessment must look or whether it needs to be a standalone document.

MAT Assessment Activities

- Interview the client to gather historical information, including history of present illness/substance use, psychiatric history, medical history (including medications), allergies, family history of illness/substance use, and social history.
- Perform a mental status examination
- Administer psychometric/screening tools (e.g., AUDIT, DAST).
- Complete a focused physical assessment—pertinent to treatment of substance use disorder(s)
- Observe for signs of substance use withdrawal
- Review of systems (ROS)
- Obtain vital signs

Who Can Provide MAT Assessment Activities?

LPHA Physicians (MD/DO), LPHA Physician Extenders (Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee), LPHA Non-Physicians (Pharmacist, Pharmacist Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee, Licensed Occupational Therapist, and Occupational Therapist Clinical Trainee) can provide assessment activities in a MAT program. The issue is scope of practice. The interventions provided must be within the scope of practice for his/her/their license. Below is a breakdown of who can provide what as it relates to assessment:

LPHA PHYSICIAN (or LPHA Physician Extender):

- Interview the client to gather historical information, including history of present illness/substance use, psychiatric history, medical history (including medications), allergies, family history of illness/substance use, and social history.
- Perform a mental status examination
- Administer psychometric/screening tools (e.g., AUDIT, DAST).
- Complete a focused physical assessment—pertinent to treatment of substance use disorder(s)
- Observe signs of substance use withdrawal
- Review of systems (ROS)
- Obtain vital signs

LPHA NON-PHYSICIAN:

- Gather historical information – to report to prescribing provider
- Observe for signs of substance use withdrawal -- to report to prescribing provider
- Obtain vital signs
- Administer psychometric/screening tools (e.g., AUDIT, DAST).

How do we bill for MAT assessment services (Outpatient ONLY or if a 24-hour service is not provided on the same day)?

See MAT at Residential & Withdrawal Management for more information specific to these levels of care

See Billing Codes Table for all billing codes for assessment services in Appendix A.

Psychiatric Diagnostic Evaluation with Medical Services, 60 Min (90792-1)

This code may only be used by a Licensed Physician, Medical Students in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee for performing a MAT evaluation. Medical Students in Clerkship and Clinical Trainees must be under the supervision of a licensed professional. An integrated biopsychosocial and medical assessment that can include history, mental status, other physical examination elements as indicated, and recommendations. May include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic services. There is a significant emphasis on the psychiatric component with this code as this evaluation is primarily geared towards making determinations about a client's psychiatric treatment or the use of psychotropic medications to address mental health diagnoses. For the DMC-ODS, this would mean that this code should be used when there is a need for a more in-depth analysis of the client's psychiatric functioning to inform the client's SUD treatment. This code is restricted to use only one time per day. The minimum number of service minutes required to claim this code is 31 minutes. Services that are 30 minutes or less may be claimed using an alternative **Office Outpatient Visit of New Patient, 15-29/30-44 Min (99202-1/99203-1)** or **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39 Min (99212-1/99213-1/99214-1)** code. For services that are 68 minutes or more, the Assessment Substitute T2024 (CDM code TBD) code should be used instead. For example, if the total service time was 100 minutes, the T2024 code would be used to account for all 100 minutes of the assessment service. Until the T2024 code can be built in IRIS, it is advised that services of 68 minutes or more be claimed using an

alternative Office Outpatient Evaluation & Management Service code **Office Outpatient Visit of New Patient, 60-74 Min (99205-1)** or **Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1)**. The actual number of service minutes, even if it exceeds the range, should be documented and entered into IRIS.

Due to the more stringent guidance from the Centers for Medicare and Medicaid Services (CMS) that the psychiatric diagnostic evaluation may be covered once and be repeated if there is an extended break in treatment (of 6 months or more) or for a significant change requiring further assessment, it is advised that this code only be used one time during the initial assessment.

As an alternative, Licensed Physicians, Medical Students in Clerkships (under the supervision of an MD/DO), Physician Assistants, Physician Assistant Clinical Trainees, Nurse Practitioners, or Nurse Practitioner Clinical Trainees may utilize the **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)** or **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)** for assessment/evaluation sessions.

This code requires a Medicare Coordination of Benefits (COB).

This code cannot be used on the same day as the following services:

- **Family Psychotherapy (w/o Pt Present), 50 Min (90846-1)** and **Family Psychotherapy (w/ Pt Present), 50 Min (90847-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**
- **Assessment Substitute T2024** – CDM code TBD

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychiatric Diagnostic Evaluation, 60 min (90791-1)**
- **Multiple-Family Group Psychotherapy, 84 Min (90849-1)**
- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 60 Min (90885-1)**
- **Interpretation of Psychiatric Results to Family, 50 Min (90887-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-29/30-59/60-74/75-89 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 20-29/30-39/40-59/60-74 Min (99347-1/99348-1/99349-1/99350-1)**

- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)**
- **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- **Prolonged clinical staff service during an evaluation and management service in the office or outpatient setting, first hour (99415 – CDM code TBD)**
- **Prolonged clinical staff service during an evaluation and management service in the office or outpatient setting, each additional 30 min (99416 – CDM code TBD)**
- **Telephone Evaluation & Management Service, 5-10/11-20/21-30 Min (99441-1/99442-1/99443-1)**
- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Non-Billable Psychiatric Diagnostic Evaluation with Medical Services: When providing a non-billable Psychiatric Diagnostic Evaluation Service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Psychiatric Diagnostic Evaluation Services under the Assessment activity type.

Assessment Substitute, 15 Min (CDM code TBD) T2024

This code may be used by non-LPHA and LPHA (except for Licensed Psychiatric Technicians, Psychiatric Technician Clinical Trainees, Licensed Vocational Nurses, Vocational Nurse Clinical Trainees, Pharmacists, and Pharmacist Clinical Trainees) to claim for service time that exceeds the allowable number of minutes for the assessment code.

This code may be used to substitute for the following assessment codes:

- **Psychiatric Diagnostic Evaluation, 60 minutes (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 60 min (90792-1)**
- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 60 Min (90885-1)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code cannot be submitted to Medicare.

Psychiatric Evaluation of Hospital Record, 60 Min (90885-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee to claim for review of documents that are specific to psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. Note that Medical Students in Clerkship and Clinical Trainees must be under the supervision of a licensed professional. This code may only be used once per day. The minimum number of minutes required to use this code is 31 minutes. Service time of 30 minutes or less in duration should be coded using the corresponding non-billable code. This code should be used for services up to 67 minutes. For services 68 minutes or more, the Assessment Substitute (T2024 – CDM code TBD) code should be used instead. For example, if the total service time was 100 minutes, the Assessment Substitute (T2024 – CDM code TBD) code would be used to account for all 100 minutes of the assessment service. Be sure that the documentation clearly substantiates the amount of time that is claimed for reviewing documents to prevent any appearance of potential fraud, waste, and/or abuse. Until the Assessment Substitute (T2024 – CDM code TBD) code is built in IRIS, the actual number of minutes (even if 68 minutes or more) should be entered.

This code cannot be used on the same day as the following service:

- **Assessment Substitute (T2024 – CDM code TBD)**

This code may be used on the same day as the following service, if the appropriate modifiers are used:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

The following supplemental codes cannot be used with this code:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Non-Billable Psychiatric Evaluation of Hospital Record Services: When providing a non-billable Psychiatric Evaluation of Hospital Record service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Psychiatric Evaluation of Hospital Record Services under the Assessment activity type.

Medication Training and Support – Individual per 15 Min (70899-110) H0034

This code may be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Pharmacist, Pharmacist Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee, or Medical Assistant for a MAT program. Due to the limited information on the use of this code, the "support" aspect of this code will be used in the general sense. The LPHA Non-Physician (within their scope of practice) may often engage in a variety of activities that "support" not only the client directly, but also the prescribing MD so that the client may receive the most suitable

treatment. Specific to assessment, this code may be used by LPHA Non-Physicians (within their scope of practice) to conduct sessions/services with the client to obtain information for the purpose of aiding the MD in evaluating the client's appropriateness and need for MAT services. For example, a nursing assessment conducted by the RN at the time of the client's admission to a MAT program that will help inform the MD in their evaluation of the client, may be claimed using this code. Note that Medical Students in Clerkship, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Non-Billable Medication Training and Support, Individual Services: When providing a non-billable Medication Training and Support, Individual service, the appropriate code to use is the **Non Billable Medication Services (70899-302)** code. This is due to the State's classification of Medication Training and Support Services under the Medication Services activity type.

Office Outpatient Visit of New Patient, 15-29 Min (99202-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when office or other outpatient visit for the evaluation and management of a new client is provided when the service duration is 15-29 minutes. The service requires a medically appropriate history and/or examination and straightforward level of medical decision making. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

This code can only be used once per day.

"New" patient means an individual who has not received services from any provider within the same provider (or legal entity) in the past three (3) years.

Non-Billable Office Outpatient Visit Services: When providing a non-billable Office Outpatient Visit service (for either new or established clients), the appropriate code to use is the **Non Billable SUD Medication Services (70899-302)** code.

Office Outpatient Visit of New Patient, 30-44 Min (99203-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee for an E/M service provided to a new client in an office or other outpatient visit when the service duration is 30-44 minutes. The service requires a medically appropriate history and/or examination and a low level of medical decision making. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

This code can only be used once per day.

Office Outpatient Visit of New Patient, 45-59 Min (99204-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee for an E/M service provided to a new client in an office or other outpatient visit when the service duration is 45-59 minutes. The service requires a medically appropriate history and/or examination and a moderate level of medical decision making. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

This code can only be used once per day.

Office Outpatient Visit of New Patient, 60-74 Min (99205-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee for an E/M service provided to a new client in an office or other outpatient visit when the service duration is 60-74 minutes. The service requires a medically appropriate history and/or examination and a high level of medical decision making. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

This code can only be used once per day.

These Office Outpatient Visit of New Patient codes require a Medicare COB.

These Office Outpatient Visit of New Patient codes cannot be used on the same day as the following service:

- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)**

These codes may only be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **SUD Screening (70899-105)**
- **SUD Brief Intervention, 15 Min (70899-117)**
- **Office Outpatient Visit of New Patient, 30-44 Min (99203-1) can be used with Office Outpatient Visit of New Patient, 15-29 Min (99202-1) with the appropriate modifiers**

- **Office Outpatient Visit of New Patient, 45-59 Min (99204-1) can be used with Office Outpatient Visit of New Patient, 15-29/30-44 Min (99202-1/99203-1) with the appropriate modifiers**
- **Office Outpatient Visit of New Patient, 60-74 Min (99205-1) can be used with Office Outpatient Visit of New Patient, 15-29/30-44/45-59 Min (99202-1/99203-1/99204-1) with the appropriate modifiers**

Office Outpatient Visit of an Established Patient, 10-19 Min (99212-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 10-19 minutes. The service requires a medically appropriate history and/or examination and a straightforward level of medical decision making. This code can only be used once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

"Established" patient means an individual who has received any services with a provider (or legal entity) in the past three (3) years.

Office Outpatient Visit of an Established Patient, 20-29 Min (99213-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 20-29 minutes. The service requires a medically appropriate history and/or examination and a low level of medical decision making. This code can only be used once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

Office Outpatient Visit of an Established Patient, 30-39 Min (99214-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 30-39 minutes. The service requires a medically appropriate history and/or examination and a moderate level of medical decision making. This code can only be used once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 40-54 minutes. The service requires a medically appropriate history and/or examination and a high level of medical decision making. This code can only be used

once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

These Office Outpatient Visit of an Established Patient codes require a Medicare COB.

These codes also cannot be used on the same day as the following service:

- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)**

These codes may only be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **SUD Screening (70899-105)**
- **SUD Brief Intervention, 15 Min (70899-117)**
- **Office Outpatient Visit of an Established Patient, 20-29 Min (99213-1) can be used with Office Outpatient Visit of an Established Patient, 10-19 Min (99212-1) with the appropriate modifiers**
- **Office Outpatient Visit of an Established Patient, 30-39 Min (99214-1) can be used with Office Outpatient Visit of an Established Patient, 10-19/20-29 Min (99212-1/99213-1) with the appropriate modifiers**
- **Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1) can be used with Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39 Min (99212-1/99213-1/99214-1) with the appropriate modifiers**

Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office of outpatient setting, direct patient contact with physician supervision, first hour (99415 – CDM code TBD)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee for services that exceed the maximum number of minutes allowed for evaluation and management services. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.
For example, if the service was 110 minutes for an Office Outpatient E/M, the primary procedure code (99205) allows up to 74 minutes. 110 minutes – 74 minutes = 36 minutes. The minimum number of minutes beyond the maximum of the highest range that is needed to use the prolonged code is 30 minutes. Therefore, one unit of 99205 and one unit of 99415 would be claimed.

The minimum number of service minutes required for this prolonged code to be utilized is 104 minutes of the primary procedure code service of a new patient and 84 minutes of the primary procedure code service of an established patient.

*Until this code is built in IRIS, the **Office Outpatient Visit of New Patient, 60-74 Min (99205-1)** or the **Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1)** code should be used. The actual number of service minutes should be noted in the progress note and entered into IRIS.

Office or Other Outpatient Visit of a New Patient				
99202-1	**99203-1**	**99204-1**	**99205-1**	**99415*** (add on to 99205-1)
15-29 minutes	30-44 minutes	45-59 minutes	60-103 minutes	104-148 minutes

Office or Other Outpatient Visit of an Established Patient				
99212-1	**99213-1**	**99214-1**	**99215-1**	**99415*** (add on to 99215-1)
10-19 minutes	20-29 minutes	30-39 minutes	40-54 minutes	84-128 minutes

In order to utilize this code, one of the following services must have been provided as the primary service:

- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**

This code cannot be used on the same day as the following service:

- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)**

This code may be used on the same day with the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **Prolonged Outpatient Evaluation and Management Service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (99417 – CDM code TBD)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (99416 – CDM code TBD)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee for services that exceed the maximum number of minutes allowed for evaluation and management services. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.
This code is used once the "first hour" has been met with the use of 99415 above to account for the time beyond the maximum in the range for the primary procedure code. For example, for a service time of 200 minutes where the primary procedure code is 99215 with the upper bound of the range is 54 minutes. 200 minutes – 54 minutes (one unit of 99215) = 146 minutes. 146 minutes – 60 minutes (one unit of 99415) = 86 minutes. 86 minutes / 30 minutes (99416) = 2.8 to round up to 3 units of 99416.

The minimum number of service minutes required for this prolonged code to be utilized is 149 minutes of the primary procedure code service of a new patient and 129 minutes of the primary procedure code of an established patient.

*Until these codes are built in IRIS, the **Office Outpatient Visit of New Patient, 60-74 Min (99205-1)** or the **Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1)** code should be used. The actual number of service minutes should be noted in the progress note and entered into IRIS.

Office or Other Outpatient Visit of a New Patient					
99202-1	**99203-1**	**99204-1**	**99205-1**	**99415*** (add on to 99205-1)	**99416*** (add on to 99205-1 and 99415)
15-29 minutes	30-44 minutes	45-59 minutes	60-103 minutes	104-148 minutes	149 minutes or more

Office or Other Outpatient Visit of an Established Patient					
99212-1	**99213-1**	**99214-1**	**99215-1**	**99415*** (add on to 99215-1)	**99416*** (add on to 99215-4 and 99415)
10-19 minutes	20-29 minutes	30-39 minutes	40-54 minutes	84-128 minutes	129 minutes or more

In order to utilize this code, one of the following services must have been provided as the primary service:

- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office of outpatient**

setting, direct patient contact with physician supervision, first hour (99415 – CDM code TBD)

This code cannot be used on the same day as the following service:

- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)**

This code may be used on the same day with the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **Prolonged Outpatient Evaluation and Management Service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (99417 – CDM code TBD)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Home Visit of a New Patient, 15-29 Min (99341-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 15-29 minutes. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be used if the treatment day is not claimed** This code can only be used once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

To be used when presenting problems are of low severity, the 15-minute service requires 3 key components: problem focused history, problem focused examination, and straightforward medical decision making.

"New" patient means an individual who has not received services from any provider within the same provider (or legal entity) in the past three (3) years.

<u>Non-Billable Home Visit Services:</u> When providing a non-billable Home Visit service (for either new or established clients), the appropriate code to use is the **Non Billable SUD Medication Services (70899-302)** code.

Home Visit of a New Patient, 30-59 Min (99342-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 30-59 minutes. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be used if the treatment day is not claimed** This code can only be used once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

To be used when presenting problems are of moderate severity, the 30-minute service requires 3 key components: expanded problem focused history, expanded problem focused examination, and medical decision making of low complexity.

Home Visit of a New Patient, 60-74 Min (99344-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 60-74 minutes. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be used if the treatment day is not claimed** This code can only be used once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

To be used when presenting problems are of high severity, the 60-minute service requires 3 key components: comprehensive history, comprehensive examination, and medical decision making of moderate complexity.

Home Visit of a New Patient, 75-89 Min (99345-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 75-89 minutes. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be used if the treatment day is not claimed**

This code can only be used once per day. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

To be used when the client is unstable or has developed a significant new problem requiring immediate physician attention, the 75-minute service requires 3 key components: comprehensive history, comprehensive examination, and medical decision making of high complexity.

These Home Visit of a New Patient codes require a Medicare COB.

Home Visit of a New Patient, 15-29/30-59/60-74/75-89 Min (99341-1/99342-1/99344-1/99345-1) cannot be used on the same day as the following service:

- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)**

Home Visit of a New Patient, 15-29/30-59/60-74/75-89 Min (99341-1/99342-1/99344-1/99345-1) may be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **SUD Screening (70899-105)**
- **SUD Brief Intervention, 15 Min (70899-117)**
- **Home Visit of a New Patient, 30-59 Min (99342-1)** can be used with **Home Visit of a New Patient, 15-29 Min (99341-1)** with the appropriate modifiers
- **Home Visit of a New Patient, 60-74 Min (99344-1)** can be used with **Home Visit of a New Patient, 15-29/30-59 Min (99341-1/99342-1)** with the appropriate modifiers
- **Home Visit of a New Patient, 75-89 Min (99345-1)** can be used with **Home Visit of a New Patient, 15-29/30-59/60-74 Min (99341-1/99342-1/99344-1)** with the appropriate modifiers

Home Visit of an Established Patient, 20-29 Min (99347-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be used if the treatment day is not claimed** Medical Students and Clinical Trainees must be under the supervision of a licensed professional. This code can only be used once per day.

This code is to be used when presenting problems are self-limited or minor, the 20-minute service requires at least 2 of 3 key components: problem focused interval history, problem focused examination, and straightforward medical decision making.

"Established" patient means an individual who has received any services with a provider (or legal entity) in the past three (3) years.

Home Visit of an Established Patient, 30-39 Min (99348-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be used if the treatment day is not claimed** Medical Students and Clinical Trainees must be under the supervision of a licensed professional. This code can only be used once per day.

This code is to be used when presenting problems are of low to moderate severity, the 30-minute service requires at least 2 of 3 key components: expanded problem focused interval history, expanded problem focused examination, and medical decision making of low complexity.

Home Visit of an Established Patient, 40-59 Min (99349-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be used if the treatment day is not claimed** Medical Students and Clinical Trainees must be under the supervision of a licensed professional. This code can only be used once per day.

This code is to be used when presenting problems are of moderate to high severity, the 40-minute service requires at least 2 of 3 key components: detailed interval history, detailed examination, and medical decision making of moderate complexity.

Home Visit of an Established Patient, 60-74 Min (99350-1)

This code may only be used by the Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes are also used when the residence is an assisted living facility, group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility. **For the residential programs, this code cannot be claimed in addition to the treatment day. It may be

used if the treatment day is not claimed** Medical Students and Clinical Trainees must be under the supervision of a licensed professional. This code can only be used once per day.

This code is to be used when presenting problems are of moderate to high severity, client may be unstable or may have developed a significant new problem requiring immediate physician attention, the 60-minute service requires at least 2 of 3 key components: comprehensive interval history, comprehensive examination, and medical decision making of high complexity.

These Home Visit of an Established Patient codes require a Medicare COB.

Home Visit of an Established Patient, 20-29/30-39/40-59/60-74 Min (99347-1/99348-1/99349-1/99350-1) cannot be used on the same day as the following service:

- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)**

Home Visit of an Established Patient, 20-29/30-39/40-59/60-74 Min (99347-1/99348-1/99349-1/99350-1) may be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **SUD Screening (70899-105)**
- **SUD Brief Intervention, 15 Min (70899-117)**
- **Home Visit of an Established Patient, 30-39 Min (99348-1)** can be used with **Home Visit of an Established Patient, 20-29Min (99347-1)** with the appropriate modifiers
- **Home Visit of an Established Patient, 40-59 Min (99349-1)** can be used with **Home Visit of an Established Patient, 20-29/30-39 Min (99347-1/99348-1)** with the appropriate modifiers
- **Home Visit of an Established Patient, 60-74 Min (99350-1)** can be used with **Home Visit of an Established Patient, 20-29/30-39/40-59 Min (99347-1/99348-1/99349-1)** with the appropriate modifiers

Prolonged Outpatient Evaluation and Management Service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (99417 – CDM code TBD)

May only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee for services that exceed the maximum number of minutes allowed for evaluation and management services. Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

This code does not follow the midpoint rule. A full 15 minutes must be met before one unit can be claimed.
For example, if 110 minutes of a home visit evaluation and management service (99345) was provided: 110 minutes – 89 minutes (upper bound of the range for 99345-1) = 21 minutes. 21 minutes / 15

minutes (99417) = 1.4 rounded down is 1 unit of 99417. The claim would be for one unit of 99345-1 and one unit of 99417.

The minimum number of service minutes required for this prolonged code to be utilized is 104 minutes of the primary procedure code service of a new patient and 89 minutes of the primary procedure code service of an established patient.

*Until this prolonged code is built in IRIS, the **Home Visit of a New Patient, 75-89 Min (99345-1)** or the **Home Visit of an Established Patient, 60-74 Min (99350-1)** code should be used. The actual number of service minutes should be noted in the progress note and entered into IRIS.

Home Visit of a New Patient				
99341-1	**99342-1**	**99344-1**	**99345-1**	**99417*** (add on to 99345-1)
15-29 minutes	30-59 minutes	60-74 minutes	75-103 minutes	104 minutes or more

Home Visit of an Established Patient				
99347-1	**99348-1**	**99349-1**	**99350-1**	**99417*** (add on to 99350-1)
20-29 minutes	30-39 minutes	40-59 minutes	60-88 minutes	89 minutes or more

In order to utilize this code, one of the following services must have been provided as the primary service:

- **Home Visit of a New Patient, 75-89 Min (99345-1)**
- **Home Visit of an Established Patient, 60-74 Min (99350-1)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Telephone Evaluation & Management Service, 5-10 Min (99441-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee for an E/M service provided to a client using the telephone when the service duration is 5-10 minutes. Medical Students and Clinical Trainees must be under the supervision of a licensed professional. This code can only be used once per day.

The Telephone E/M Service Codes are used to report service encounters initiated by an established client, parent, or guardian of an established client. If the telephone service ends with a decision to see the client within 24 hours of the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit. Likewise, if the telephone call refers to an E/M service performed and reported by that individual

within the previous 7 days (either requested or unsolicited client follow-up) or within the postoperative period of the previously completed procedure, then the service(s) is considered part of that previous E/M service or procedure.

Non-Billable Telephone E&M Services: When providing a non-billable Telephone E&M service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Telephone E&M Services under the Assessment activity type.

Telephone Evaluation & Management Service, 11-20 Min (99442-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee for an E/M service provided to a client using the telephone when the service duration is 11-20 minutes. Medical Students and Clinical Trainees must be under the supervision of a licensed professional. This code can only be used once per day.

Telephone Evaluation & Management Service, 21-30 Min (99443-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee for an E/M service provided to a client using the telephone when the service duration is 21-30 minutes. Medical Students and Clinical Trainees must be under the supervision of a licensed professional. This code can only be used once per day.

These codes may be used on the same day as the following services, if the appropriate modifiers are used:

- **SUD Screening (70899-105)**
- **SUD Brief Intervention, 15 Min (70899-117)**

These Telephone Evaluation & Management Service codes require a Medicare COB.

SUD Drug Testing Point of Care Tests (70899-104) H0048

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Pharmacist, Pharmacist Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee, or Medical Assistant to claim for providing point of care alcohol and/or other drug testing. Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site. Licensed Occupational Therapists and Occupational Therapist Clinical Trainees may not utilize this code.

Please note that the chart documentation must support the medical necessity or "why" the specific client needs testing to be done at the frequency it is performed. It should be part of the treatment planning for the client's treatment episode where consideration is given for the types of services, potential interventions, and expected course of treatment necessary to address the client's particular issues. If, during the treatment episode, there is a change that necessitates increasing the frequency of the drug

tests performed, there must be documentation to support this. Since each service that is claimed must have a corresponding progress note, there must be documentation of each drug test that is claimed. See the Progress Note section for what needs to be included in the progress note.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or a different provider.

Non-Billable Drug Testing Services: When providing a non-billable Drug Testing service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Drug Testing under the Assessment activity type.

Frequently Asked Questions (FAQ) for Billing Assessment in MAT:

1. If an LPHA Non-Physician (within their scope of practice) is performing an opiate withdrawal scale and vitals on the day of medication initiation when a client is also seeing the physician or physician extender, can the LPHA Non-Physician bill? **YES. If for the purposes of assessment, the LPHA Non-Physician can bill Medication Training and Support- Individual per 15 Min (70899-110) H0034.**
2. If an LPHA Non-Physician (within their scope of practice) is reviewing a client's physical health history and gathering information from the client (i.e., SUD history, health habits, history [including sleep]), how can the LPHA Non-Physician (within their scope of practice) bill for this? **The LPHA Non-Physician (within their scope of practice) may bill for the time using the code for Medication Training and Support- Individual per 15 Min (70899-110) H0034.**
3. LPHA Non-Physicians (within their scope of practice) having conversations with or phone calls with the family member to obtain information about the client pertinent to the assessment (i.e., history of SUD, areas of concern related to SUD, past use and adherence to prescription medications, etc.) are **BILLABLE. This is considered a collateral service, which can be billed using the code for Medication Training and Support- Individual per 15 Min (70899-110) H0034.**

Treatment Planning

Problem List

For clients who are receiving MAT in conjunction with another level of care at the same program/provider, the problem list in place for the other level of care may be used. For example, if a client is enrolled in both the ODF level of care and MAT at the same program, the problem list developed for the client's ODF episode of care may be used to incorporate any additional issues identified by the MAT providers.

For standalone MAT programs (or clients who are only receiving MAT), there should be a problem list with, at minimum, the SUD diagnosis that is being treated/addressed. Please be mindful that LPHA Non-Physicians are not qualified to diagnose in the DMC-ODS.

Treatment Plan

Each individual enrolled in MAT, must have a treatment plan in place.

The State does not dictate how the treatment plan must look or whether it needs to be a standalone document. Therefore, there are a couple of options for a treatment plan:

- A formal treatment plan document
- Treatment plan embedded into a session progress note
- Treatment plan elements included in the problem list document

IMPORTANT COMPONENTS OF A TREATMENT PLAN:

The treatment plan should include information about what the plan will be for administering the medication as it relates to the specific individual. This would include information such as medication name, dosage, frequency, what the medication will address, and the plan for monitoring/follow up. If there will be other MAT providers involved, besides the physician, indicate what their involvement will be.

MAT Treatment Planning Activities

- Formulate and document a comprehensive treatment plan for substance use disorder(s) that may include pharmacological (medication) and non-pharmacological based treatments (e.g., counseling, groups, residential treatment) with the client present.
- Review treatment plan with client.
- Provide education on treatment/interventions to address substance use disorder(s).
- Provide Overdose Prevention Education and resources (including naloxone).
- Update treatment plan and/or problem list based on ongoing monitoring of client and new case information with the client present.

Who Can Provide MAT Treatment Planning Activities?

In MAT, the only provider who can provide and bill for treatment planning activities relevant to the creation or modification of the treatment plan is the LPHA Physician (MD/DO), LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee). Some aspects of treatment planning are as follows:

- Formulate and document a comprehensive treatment plan for substance use disorder(s) that may include pharmacological (medication) and non-pharmacological based treatments (e.g., counseling, groups, residential treatment) with the client present.
- Review treatment plan with client.
- Provide education on treatment/interventions to address substance use disorder(s).
- Update treatment plan and/or problem list based on ongoing monitoring of client and new case information with the client present.

It is possible that the LPHA Non-Physician may obtain relevant information for the client's MAT treatment plan that will need to be relayed to the MD. However, the LPHA Non-Physician may not create or modify the MAT treatment plan directly. LPHA Non-Physicians may add/modify/resolve diagnoses on the problem list, as long as it is within their scope of practice or

there is evidence in the chart documentation that the addition/modification/resolution is based on a qualified LPHA's determination of the diagnosis.

How do we bill for MAT Treatment Planning Activities (Outpatient ONLY or if a 24-hour service is not provided on the same day)?

See MAT at Residential & Withdrawal Management for more information specific to these levels of care

See Billing Codes Table for all billing codes for treatment planning services in Appendix A.

SUD Treatment Plan Development/Modification (70899-125) T1007

This code may be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, or Psychiatric Technician Clinical Trainee for services/sessions addressing the creation of a new treatment plan or problem list or change to an existing treatment plan or problem list. Treatment planning is an activity that consists of developing and updating the plans or interventions for addressing the client's needs and monitoring a client's progress. This code may not be used by Pharmacists, Pharmacist Clinical Trainees, or Medical Assistants. This code may be used at any point during a client's episode of care.

Note that Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

If, during the course of an encounter with a client at MAT, there is discussion that leads to an update or change in the client's course of treatment (i.e., resulting in a change to the treatment plan), the code used for that service/session can be the SUD Treatment Plan Development/Modification (70899-125) T1007 code. In most cases, the Licensed Physician, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee is conducting some treatment planning activity within the context of an initial assessment, such as an **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1).** Treatment planning can happen at any time throughout an episode of care at a MAT program, such as in subsequent follow up appointments or an **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**, for example. Treatment planning may take place in the clinic or in the client's home as well.

This code may also be used by the LPHA Non-Physician if there is a service/session with the client that predominantly elicits information that will be conveyed to the MD for an update or modification to the treatment plan or problem list. It may also be captured as a Medication Training and Support service/session.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Non-Billable Treatment Plan Development/Modification: When providing a non-billable Treatment Plan Development/Modification service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Treatment Plan Development/Modification under the Discharge Services activity type.

Frequently Asked Questions (FAQ) for Treatment Planning in MAT:

1. If the Physician or Physician Extender has completed the MAT assessment and the MAT treatment plan, can the LPHA Non-Physician also bill for providing MAT services on the same day? **YES, it is recommended that the prescriber identify other providers (i.e., RN, LVN, etc.) to be involved in the client's plan of care in the progress note.**
2. Do MAT treatment plans need to include the goal for a Physical Exam (PE)? **NO, it is not required to include it on the treatment plan. It is still required to address a client's need for a PE, however. Therefore, it is acceptable to address it within the progress note for the service where this may have been discussed with the client.** If the client is receiving services simultaneously at different programs (for example, ODF at one site and MAT at another), then it would make clinical sense for at least one of those providers to be addressing it and the program that is not, to indicate as such in the progress note. This is where documentation of the coordination of care between programs is going to be important.
3. Can the LPHA Non-Physician add or modify the client's SUD diagnosis on the problem list? **YES, IF the SUD diagnosis has been pre-established by a qualified LPHA whose scope of practice includes diagnosing.** In other words, if the LPHA Physician or Physician Extender has determined and documented establishing or modifying the client's SUD diagnosis and the LPHA Non-Physician is simply transferring that information onto the problem list. It needs to be clear in the chart documentation that individuals have acted within their scope of practice.
4. If the LPHA Non-Physician has received information from the client that may be an important consideration for the Physician's or Physician Extender's development or modification of the client's treatment plan and consults with the Physician or Physician Extender to relay this information, how do we bill for this? **Consultations may be billed using the Targeted Case Management, Each 15 Min (70899-120) T1017 code.**

What do we do when a client enrolls in MAT services while receiving another level of care from a different provider?

If the client is only coming to you to receive MAT services as a standalone program, the client will need a MAT assessment to determine his/her/their appropriateness and need for MAT. A MAT treatment plan based on the MAT assessment will be needed along with a problem list (see above sections for

assessment and treatment plan requirements). Best practice would be for MAT providers to coordinate care with the client's service provider at the other program (see sections below for MAT care coordination). It may be helpful for the MAT provider(s) to review any chart documentation from the other program (obtained with the appropriate Authorization To Disclose) to help inform MAT treatment needs.

What do we do when a client is transferring to our MAT program from another provider's MAT program?

For transfers across different entities or programs, providers at the receiving program may use the MAT assessment and treatment plan/problem list from the original provider, as clinically appropriate. Any MAT assessment and treatment plan/problem list documents received from other programs should be scanned and/or filed in the client's chart for reference. The receiving provider should review the MAT assessment and treatment plan/problem list and document concurrence or modifications needed in the progress note for the initial encounter with the client. Care coordination should be provided to ensure a smooth transition and continuity of care.

Ordering

In MAT, the only provider who can provide and bill for ordering activities is the LPHA Physician (MD/DO) or LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee).

Ordering Activities

- Order clinically appropriate lab tests, diagnostics (e.g., EKGs) and referrals to other medical and care providers.

How do we bill for Ordering activities (Outpatient ONLY or if a 24-hour service is not provided on the same day)?

See MAT at Residential & Withdrawal Management for more information specific to these levels of care

See Billing Codes Table for all billing codes for ordering services in Appendix A.

Oftentimes, the ordering of medically necessary evaluations, labs, diagnostics, etc. is completed as part of or as a result of another service encounter, like an assessment. The primary service that is provided should dictate the billing code utilized. For example, the determination of the need for additional lab work may have come out of an **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**, in which case it would be documented as one of the interventions provided or as part of the plan for the course of treatment going forward.

If the service is primarily related to discussing and providing the client with referrals and/or linkages to other medical and care providers, the **Targeted Case Management, Each 15 Min (70899-120) T1017** code may be used.

Prescribing

In MAT, the only provider who can provide and bill for prescribing activities is the LPHA Physician (MD/DO) or LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee).

Medical Students in Clerkship do not have a Medical License and cannot prescribe any medications.

Prescribing Activities

- Prescribe medication(s) for treatment of a substance use disorder(s). This includes providing coverage medications for other prescribing providers within the same SUD/MAT program.

How do we bill for Prescribing activities (Outpatient ONLY or if a 24-hour service is not provided on the same day)?

See MAT at Residential & Withdrawal Management for more information specific to these levels of care

See Billing Codes Table for all billing codes for prescribing services in Appendix A.

In most cases, the prescribing of medication(s) is part of or as a result of another service encounter. The primary service that is provided should dictate the billing code utilized. For example, the determination of the need for a new medication, change in medication, or medication refill may have come out of an **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**, in which case it would be documented in the body of the progress note for the session/service and/or as part of the client's treatment plan.

If the service is primarily related to coordinating with other medical and care providers for the purpose of prescribing, the **Targeted Case Management, Each 15 Min (70899-120) T1017** code may be used.

Administering

LPHA Physicians (MD/DO), LPHA Physician Extenders (PA/NP or PA Clinical Trainee/NP Clinical Trainee), LPHA Non-Physicians (Pharmacist, Pharmacist Clinical Trainee, RN, RN Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee, LOT, and Occupational Therapist Clinical Trainee) can provide activities related to Administering in a MAT program.

Administering Activities

LPHA PHYSICIAN (or LPHA Physician Extender):

- Administer or direct the client to take prescribed medications – may include oral or injectable medications.

LPHA NON-PHYSICIAN (within scope of practice):

- Administer or direct the client to take prescribed medications (under a prescribing provider's orders) – may include oral or injectable medications.

How do we bill for administering medications (Outpatient ONLY or if a 24-hour service is not provided on the same day)?

See MAT at Residential & Withdrawal Management for more information specific to these levels of care

See Billing Codes Table for all billing codes for administering services in Appendix A.

Oral Medication Administration, Direct Observation, 15 Min (70899-109) H0033

This code may be used by a LPHA Physician (MD/DO), Medical Student in Clerkship, LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee), LPHA Non-Physician (Pharmacist,

Pharmacist Clinical Trainee, RN, RN Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee, LOT, Occupational Therapist Clinical Trainee), or Medical Assistant for a MAT program when claiming a medication administration service. This code description is specific to oral medication, however, there are no available codes specific to injections. This code is available for use until further guidance from the State. Alternatively, the Medication Training and Support – Individual per 15 Min (70899-110) H0034 code may be used to claim time for administering and observing for an injection of medication.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

MAT services at Withdrawal Management and Residential levels of care can be claimed using this code.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Medication Training and Support- Individual per 15 Min (70899-110) H0034

This code may be used by a LPHA Physician (MD/DO), Medical Student in Clerkship, LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee), LPHA Non-Physician (Pharmacist, Pharmacist Clinical Trainee, RN, RN Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee), or Medical Assistant for a MAT program when providing psychoeducation, training, and/or support related to medication, in a one-on-one setting. Note that, at this time, this code can be utilized for a variety of activities when considering "support" in the general sense of the term. Since there is currently no specific billing code for the administration of injections, it is permissible to use this code to claim the time for administering an injection (e.g., Vivitrol). This code may not be used by Licensed Occupational Therapists and Occupational Therapist Clinical Trainees.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

MAT services at Withdrawal Management and Residential levels of care can be claimed using this code.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Frequently Asked Questions (FAQ) in Billing for Administering in MAT:

1. LPHA Non-Physicians (within their scope of practice) giving an injection, administering medication is **BILLABLE**. **Oral Medication Administration, Direct Observation, 15 Min (70899-109) H0033 or Medication Training and Support – Individual per 15 Min (70899-110) H0034 may be used to claim time for this service/session.**

Monitoring

LPHA Physician (MD/DO), LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee), or LPHA Non-Physician (Pharmacist, Pharmacist Clinical Trainee, RN, RN Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee) can provide activities related to Monitoring in a MAT program.

Monitoring Activities

LPHA PHYSICIAN (or LPHA Physician Extender):

- Repeat aspects of the physical assessment to monitor for the effectiveness of medication/ treatment. This may also include evaluating interactions of the treatment with other elements of care the client may be receiving from other providers.

LPHA NON-PHYSICIAN (within scope of practice):

- Determine medication adherence or obstacles to adherence -- to report to prescribing provider.
- Respond to client inquiries and addresses the issue, within scope of practice (e.g., re-education on how to take medication or how to obtain refills, etc.)

How do we bill for Monitoring Activities (Outpatient ONLY or if a 24-hour service is not provided on the same day)?

See MAT at Residential & Withdrawal Management for more information specific to these levels of care

LPHA PHYSICIAN (or LPHA Physician Extender):

Some of the assessment billing codes explained in previous sections can be used for the monitoring activities as well as Medication Training and Support – Individual/Group per 15 Min (70899-110/70899-111) H0034.

See Billing Codes Table for all billing codes for monitoring services in Appendix A.

Medication Training and Support-Group per 15 Min (70899-111) H0034

This code may be used by a LPHA Physician (MD/DO), Medical Student in Clerkship, LPHA Physician Extender (PA/NP or PA Clinical Trainee/NP Clinical Trainee), LPHA Non-Physician (Pharmacist, Pharmacist Clinical Trainee, RN, RN Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee), or Medical Assistant for a MAT program when providing psychoeducation, training, and/or support related to medication, in a group setting (2 or more clients). This code may not be used by Licensed Occupational Therapists or Occupational Therapist Clinical Trainees.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Frequently Asked Questions (FAQ) in Billing for Monitoring in MAT:

1. If the RN educates the client on foods to eat related to the prescribed medication, is this billable? **YES. Medication Training and Support – Individual per 15 Min (70899-110) H0034 may be used to claim time for this service/session.**
2. If an LPHA Non-Physician has contact with the client's family regarding the family's observations of the client's presentation that may be pertinent to medication, medication compliance, answers questions regarding medication effects (within scope of practice), how is this billed? Since contact with family is a collateral service, this type of activity would be billed as **Medication Training and Support – Individual per 15 Min (70899-110) H0034.**

Care Coordination

Care coordination must be provided to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care.

Who Can Provide Care Coordination Activities?

LPHA Physicians (MD/DO), Medical Students in Clerkship, LPHA Physician Extenders (PA/NP or PA Clinical Trainee/NP Clinical Trainee), LPHA Non-Physicians (Pharmacist, Pharmacist Clinical Trainee, RN, Registered Nurse Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee, LOT, Occupational Therapist Clinical Trainee), and Medical Assistants can provide activities related to care coordination in a MAT program, within scope of practice.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

What Are Care Coordination Activities?

LPHA PHYSICIAN (or LPHA Physician Extender):

- Complete discharge/transition planning to ensure follow-up
- Consult with other physicians who may be receiving the case after discharge or who have worked with the case prior to admission to the clinic
- Respond to the client's calls with concerns about medication
- Consult with treatment team to facilitate treatment goals/planning
- Ensure that discharge plan/transition goals are completed (e.g., link to another medication provider, etc.)
- Troubleshoot any issues with the pharmacy
- Make referrals to primary care or other health providers
- Consult with outside health care providers as it pertains to MAT and the client's MAT treatment plan, to make sure the other providers are aware of the client's participation in MAT in case of contraindications
- Provide Overdose Prevention Education and resources (including naloxone)

LPHA NON-PHYSICIAN (within scope of practice):

- Respond to client calls with concerns about medication and to convey these concerns to the LPHA Physician or LPHA Physician Extender
- Consult with treatment team to facilitate treatment goals/planning
- Ensure that discharge plan/transition goals are completed (e.g., link to another medication provider, etc.)
- Troubleshoot any issues with the pharmacy
- Facilitate referrals from the LPHA Physician or LPHA Physician Extender to a primary care provider or other health providers

- Consult with outside health care providers as it pertains to MAT and the client's MAT treatment plan, to make sure the other providers are aware of the client's participation in MAT in case of contraindications
- Provide Overdose Prevention Education and resources (including naloxone)

A Note About Collateral Services:
Collateral services within the DMC-ODS involves contact with significant individuals in the client's life who have a personal relationship (as opposed to a professional relationship) with the client. Collateral services are to be billed as part of assessment, treatment planning, and individual counseling services. Therefore, services/sessions that are with the client's family or other significant individuals would not be billed as care coordination.

MAT Services at Residential Treatment and Withdrawal Management

Care coordination activities may also be provided by MAT providers at Residential Treatment and Withdrawal Management levels of care.

How do we bill for Care Coordination activities?

See Billing Codes Table for all billing codes for care coordination services in Appendix A.

Environmental Intervention for Medical Management Purposes (90882-1)

This code may be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee, Licensed Occupational Therapist, Occupational Therapist Clinical Trainee, or Medical Assistant. This code may not be used by a Pharmacist or Pharmacist Clinical Trainee. It is to be used for coordinating with agencies, employers, or institutions on behalf of the client for the purpose of medical management. It is advised that this code be utilized specifically for coordination of care of medical or physical health care issues relevant to the client. This code may only be used once per day.

The minimum number of service minutes required to claim this code is 8 minutes. Services that are less than 8 minutes should be coded using the corresponding non-billable code. Since only one unit of this code is permitted, services that are 23 minutes or more should be coded using the Targeted Case Management (70899-120) T1017 code.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

This code cannot be used on the same day as the following service:

- **Assessment Substitute (T2024** – CDM code TBD)

The following supplemental codes cannot be used with this code:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Preparation of Report of Patient's Psychiatric Status (90889-1)

This code may be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee, Licensed Occupational Therapist, or Occupational Therapist Clinical Trainee for claiming time spent in preparing reports on the client's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers. This code may not be used by a Pharmacist, Pharmacist Clinical Trainee, or Medical Assistant. This code may only be used once per day.

Medical Students in Clerkship and Clinical Trainees must be under the supervision of a licensed professional.

The minimum number of service minutes required to claim this code is 8 minutes. Services that are less than 8 minutes should be coded using the corresponding non-billable code.

The following supplemental codes cannot be used with this code:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee, Licensed Occupational Therapist, Occupational Therapist Clinical Trainee, or Medical Assistant. This code may not be used by a Pharmacist or Pharmacist Clinical Trainee. This code can only be used ONE TIME PER YEAR BY ANY PROVIDER WITHIN THE NETWORK. It is intended to be used for an annual wellness visit. If it is found to have been used by another provider or another county within the calendar year, the claim will be denied.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

The minimum number of service minutes required to claim this code is 8 minutes. Services that are less than 8 minutes should be coded using the corresponding non-billable code.

This code cannot be used on the same day as the following services:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **SUD Screening (70899-105)**
- **SUD Brief Intervention, 15 Min (70899-117)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code requires a Medicare COB.

Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)

This code may only be used by a Licensed Physician and Medical Student in Clerkship and is the equivalent to the Physician Consultation that was previously available. This code can only be used once per day.

Physician consultations must be face-to-face and involve, at minimum, three (3) qualified LPHA from different specialties or disciplines (each of whom provide direct care to the client). Consultations can be with providers within the same agency or outside the agency so long as the consulting parties are certified DMC-ODS providers. The consultation is intended to involve development, revision, coordination, and implementation of health care services needed by the client.

Only the rendering provider connected to the client being consulted about may claim for the service.

Note that Medical Students must be under the supervision of a licensed professional.

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **SUD Screening (70899-105)**
- **SUD Brief Intervention, 15 Min (70899-117)**

The following supplemental codes cannot be used with this code:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days, 54 Min (99495-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee. It is to be used for a new or established client whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the client's community setting (home, domiciliary, rest home or assisted living). Transitional Care Management commences upon the date of discharge and continues for the next 29 days.

Comprised of one face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional and/or licensed clinical staff under his/her direction.

Non-face-to-face services provided by clinical staff, under the direction of the physician or other qualified health care professional may include: communication regarding aspects of care (with client, family members, guardians/caretakers, surrogate decision makers, and/or other professionals), communication with home health agencies and other community services utilized by the client, client and/or family/caretaker education to support self-management, independent living, and activities of daily living, assessment and support for treatment.

This code may only be used once per day.

Note that Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

The minimum number of service minutes required to use this code is 28 minutes (the midpoint).

This code may be used on the same day with the following services, if the appropriate modifiers are used:

- **Telephone Assessment and Management Service, 5-10/11-20/21-30 Min (98966-1/98967-1/98968-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)** and **Medical Team Conference by Non-MD, Patient/Family not Present, 30 Min+ (99368-1)**
- **Telephone Evaluation & Management Service, 5-10 Min (99441-1), Telephone Evaluation & Management Service, 11-20 Min (99442-1),** and **Telephone Evaluation & Management Service, 21-30 Min (99443-1)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code requires a Medicare COB.

Non-Billable Transitional Care Management Service: When providing a non-billable Transitional Care Management service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Transitional Care Management under the Discharge Services activity type.

Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days, 75 Min (99496-1)

This code may only be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, and Nurse Practitioner Clinical Trainee. It is to be used for a new or established client whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the client's community setting (home, domiciliary, rest home or assisted living). Transitional Care Management commences upon the date of discharge and continues for the next 29 days.

Comprised of one face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional and/or licensed clinical staff under his/her direction.

Non-face-to-face services provided by clinical staff, under the direction of the physician or other qualified health care professional may include: communication regarding aspects of care (with client, family members, guardians/caretakers, surrogate decision makers, and/or other professionals), communication with home health agencies and other community services utilized by the client, client and/or family/caretaker education to support self-management, independent living, and activities of daily living, assessment and support for treatment.

This code may only be used once per day.

Note that Medical Students and Clinical Trainees must be under the supervision of a licensed professional.

The minimum number of service minutes required to use this code is 38 minutes (the midpoint).

This code may be used on the same day with the following services, if the appropriate modifiers are used:

- **Telephone Assessment and Management Service, 5-10/11-20/21-30 Min (98966-1/98967-1/98968-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)** and **Medical Team Conference by Non-MD, Patient/Family not Present, 30 Min+ (99368-1)**
- **Telephone Evaluation & Management Service, 5-10 Min (99441-1), Telephone Evaluation & Management Service, 11-20 Min (99442-1),** and **Telephone Evaluation & Management Service, 21-30 Min (99443-1)**

- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days, 54 Min (99495-1)**

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code requires a Medicare COB.

Non-Billable Transitional Care Management Service: When providing a non-billable Transitional Care Management service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Transitional Care Management under the Discharge Services activity type.

Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-30 Min (99451-1)

This code may only be used by a Licensed Physician or Medical Student in Clerkship and may include a written report to the client's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time. This can only be used once per day. This code should not be reported more than once within a seven-day interval. The consultant should not have seen the client in a face-to-face encounter within the last 14 days. If the telephone/Internet/electronic health record consultation service leads to a transfer or care of other face-to-face service within the next 14 days, this code should not be reported. Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc. is included in the telephone/Internet/electronic health record consultation service and should not be reported separately. The majority of the service reported (greater than 50%) must be devoted to the medical consultative verbal or Internet discussion. The service time is based on total review and interprofessional-communication time. The written or verbal request for telephone/Internet/electronic health record advice by the treating/requesting physician or other qualified health care professional should be documented in the patient's medical record, including the reason for the request.

Note that Medical Students must be under the supervision of a licensed professional.

This code cannot be used on the same day as the following services:

- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-**29/30-59/60-74/75-89 **Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient,** 20-29/30-39/40-59/60-74 **Min (99347-1/99348-1/99349-1/99350-1)**
- **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office of outpatient**

setting, direct patient contact with physician supervision, first hour (99415 – CDM code TBD)

- **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (99416 – CDM code TBD)**

The following supplemental codes cannot be used with this code:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

These codes require a Medicare COB.

Prenatal Care, At Risk Assessment (70899-119) H1000

This code may be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, or Psychiatric Technician Clinical Trainee when the service or session is related to assessing the client's access to prenatal care as well as in consideration of a possible referral to a perinatal-specific program. This code may not be used by Licensed Occupational Therapists, Occupational Therapist Clinical Trainees, or Medical Assistants.

Medical Students in Clerkship and Clinical Trainees must be under the supervision of a licensed professional.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Targeted Case Management, Each 15 Min (70899-120) T1017

This code may be used by a LPHA Physician (MD/DO), Medical Student in Clerkship, LPHA Physician Extenders (PA/NP or PA Clinical Trainee/NP Clinical Trainee), LPHA Non-Physician (Pharmacist, Pharmacist Clinical Trainee, RN, Registered Nurse Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee, LOT, Occupational Therapist Clinical Trainee),

and Medical Assistant. This is the equivalent to what was previously Care Coordination. The service/session can be with or without the presence of the client.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

The following supplemental codes cannot be used with this code:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Frequently Asked Questions (FAQ) in Billing for Care Coordination in MAT:

1. If the LPHA Non-Physician is coordinating with client's PCP for exchange of records, advising of MAT care, etc., can the LPHA Non-Physician bill for MAT Care Coordination? **YES, billable as Targeted Case Management, Each 15 Min (70899-120) T1017**.
2. Physician or Physician Extender conversations with or phone calls with the care coordinator, pharmacy, or board and care is **BILLABLE as Targeted Case Management, Each 15 Min (70899-120) T1017**.
3. Under the direction of the LPHA Physician or the LPHA Physician Extender, the LPHA Non-Physician (within scope of practice) assists in refilling prescription(s), has conversations with or participates in phone calls with the care coordinator, and calls the pharmacy or board and care (for medication services). All these services completed by the LPHA Non-Physician (within scope of practice) are **BILLABLE as Targeted Case Management, Each 15 Min (70899-120) T1017**.
4. How do we bill for obtaining the client's permission to speak with their primary care physician and obtain an Authorization to Disclose (ATD)? **Solely obtaining an ATD is a non-billable activity.** An administrative note such as a Note-to-Chart or a non-billable care coordination progress note can be completed to document that this took place. If the ATD is obtained as part of the care coordination service where the bulk of the service is spent on providing the client referral/linkage activities, the time may be included.
5. RN receives a pharmacy call where the pharmacist is confused about an MD/NP's medication order. RN consults with MD/NP to find out the correct medication order. RN returns call to pharmacy to let pharmacist know what the order should be or lets pharmacy know that per MD/NP, it is OK to slightly change the medication order (i.e., give two 50-mg tabs instead of one 100-mg tab). How is this billed? If all these activities happen on the same day, one care

coordination progress note can be completed and the total service minutes can be billed using the **Targeted Case Management, Each 15 Min (70899-120) T1017** code.

6. LPHA Non-Physician reviews the client's lab results with the Physician or Physician Extender and discusses information that should be relayed to the client. Is this billable? **YES.** The time spent in the consultation reviewing and discussing the lab results as it impacts the client's medication(s) and SUD is billable as **Targeted Case Management, Each 15 Min (70899-120) T1017**.

Supplemental Codes

Supplemental Codes are codes that describe additional and simultaneous services that were provided to the client during the visit or codes that describe the additional severity of the client's condition. Supplemental codes cannot be billed independently. They must be billed with a/another (primary) service.

See Billing Codes Table for all supplemental codes in Appendix A.

Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)

This code may be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, Nurse Practitioner Clinical Trainee, Registered Nurse, Registered Nurse Clinical Trainee, Licensed Vocational Nurse, Vocational Nurse Clinical Trainee, Licensed Psychiatric Technician, Psychiatric Technician Clinical Trainee, or Medical Assistant. This code may not be used by a Pharmacist or Pharmacist Clinical Trainee. Health behavior intervention services are used to address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems. It is to be used when the primary focus of the service/session is related to the client's physical health care/condition, using psychological and/or psychosocial interventions designed to ameliorate specific disease-related problems. Health behavior intervention includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. This service emphasizes active patient/family engagement and involvement in a session with the family, but not including the client.

Note that Medical Students, Clinical Trainees, and Medical Assistants must be under the supervision of a licensed professional. Medical Assistants may only provide services with the presence of a licensed physician, physician assistant, or nurse practitioner on-site.

In order to utilize the **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1),** one of the following services must have been provided as the primary service:

- **Psychological Testing Evaluation, First Hour (96130-1)** and **Psychological Testing Evaluation, Each Additional Hour (96131-1)**
- **Telephone Assessment and Management Service, 5-10/11-20/21-30 Min (98966-1/98967-1/98968-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**

- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-29/30-59/60-74/75-89 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 20-29/30-39/40-59/60-74 Min (99347-1/99348-1/99349-1/99350-1)**
- **Telephone Evaluation & Management Service, 5-10/11-20/21-30 Min (99441-1/99442-1/99443-1)**
- **SUD Structured Assessment 5-14 Min (70899-102)**
- **SUD Assessment Screening (70899-103)**

This code cannot be used on the same day as the following services:

- **Interactive Complexity (90785-1)**
- **Psychiatric Diagnostic Evaluation, 60 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 60 min (90792-1)**
- **Family Psychotherapy (w/o Pt Present), 50 Min (90846-1)** and **Family Psychotherapy (w/ Pt Present), 50 Min (90847-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**

The **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** may be used on the same day as the following services, if the appropriate modifiers are used:

- **Multiple-Family Group Psychotherapy, 84 Min (90849-1)**
- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 60 Min (90885-1)**
- **Interpretation of Psychiatric Results to Family, 15 Min (90887-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **SUD Structured Assessment, 15-30/30+ Min (70899-100/70899-101)**

The **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)** code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **SUD Structured Assessment, 30+ Min (70899-101)**

The following supplemental codes cannot be used with this code:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**

Sign Language or Oral Interpretation Services, 15 Min (70899-132) T1013

This code may be used by all providers when an oral interpreter is necessary for a client who is unable to speak or speak the same language as the provider. This supplemental code is not to be used when the provider is speaking the client's preferred language and only when an oral interpreter is utilized. This

occurs along with another primary service, such as individual counseling. It is available for use with all services, including medication services/sessions.

The number of units that can be claimed is dependent on the total service time for the primary service.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

This code cannot be claimed together with **Interactive Complexity (90785-1).**

The following supplemental codes cannot be used with these codes:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Interactive Complexity (90785-1)

This code may be used by all providers when there is a need to manage maladaptive communication related to high anxiety, high reactivity, repeated questions, or when the client is under the influence of alcohol or other substances. The documentation must clearly explain what constituted the need for the use of this code. Can be billed in any given encounter. Only one unit per service may be claimed.

This code can only be used with the following primary services:

- **Psychiatric Diagnostic Evaluation, 60 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 60 min (90792-1)**
- **Family Psychotherapy (w/o Pt Present), 50 Min (90846-1)** and **Family Psychotherapy (w/ Pt Present), 50 Min (90847-1)**
- **Multiple-Family Group Psychotherapy, 84 Min (90849-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-29/30-59/60-74/75-89 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 20-29/30-39/40-59/60-74 Min (99347-1/99348-1/99349-1/99350-1)**

This code cannot be used on the same day as the following services:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code requires a Medicare COB.

Interpretation of Psychiatric Results to Family, 50 Min (90887-1)

This code may be used by a Licensed Physician, Medical Student in Clerkship, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee when an interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data is provided to family or other responsible persons, or advising them how to assist client. Only one unit per service may be claimed. The minimum number of service minutes required to use this code is 26 minutes.

Medical Students in Clerkship and Clinical Trainees must be under the supervision of a licensed professional.

This code can only be used with the following primary services:

- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **Psychological Testing Evaluation, First Hour (96130-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-29/30-59/60-74/75-89 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 20-29/30-39/40-59/60-74 Min (99347-1/99348-1/99349-1/99350-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)**
- **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1)** and **Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

This code may be used on the same day as the following service, if the appropriate modifiers are used:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

The following supplemental codes cannot be used with this code:

- **Sign Language or Oral Interpretation Services, 15 Min (70899-132)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

3. MAT at Residential & Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) H0034 and Oral Medication Admin, Direct Observation, 15 Min (70899-109) H0033 for MAT services at the Residential and Withdrawal Management levels of care.

At these levels of care, the Licensed Physician, Physician Assistant, Physician Assistant Clinical Trainee, Nurse Practitioner, or Nurse Practitioner Clinical Trainee may provide assessment, treatment planning, ordering, prescribing, administering, and monitoring activities. The time spent for these activities can be claimed using the Medication Training and Support-Individual per 15 Min (70899-110) H0034 code. If any combination of these activities takes place in the same encounter/service with the administration of medication, the total service time can be claimed as Oral Medication Admin, Direct Observation, 15 Min (70899-109) H0033. For example, if the MD completes the assessment and treatment plan development in the initial encounter/service with the client that results in the administration of the medication, the MD can claim the total number of minutes under the Oral Medication Admin, Direct Observation, 15 Min (70899-109) H0033 code.

For LPHA Non-Physicians conducting assessment, treatment planning, and monitoring activities in support of the Licensed Physician (or Physician Extender) for MAT at the Residential and Withdrawal Management levels of care, the service/encounter with clients can be claimed using the Medication Training and Support-Individual per 15 Min (70899-110) H0034 code. This code may not be used by Licensed Occupational Therapists or Occupational Therapist Clinical Trainees. It is important to note only MAT treatment planning activities should be claimed using these codes, not for general treatment planning for the client's residential or withdrawal management level of care needs. All treatment planning activities must be conducted with the client present to bill. If the LPHA Non-Physician (within their scope of practice) administers medications during the same encounter/service with monitoring activities (such as taking vitals and obtaining information from the client about medication effects or adherence, for example), the total service time can be claimed using the Oral Medication Admin, Direct Observation, 15 Min (70899-109) H0033 code.

In those cases where the treatment day is not claimed and services are "unbundled," it is permissible for the Residential and Withdrawal Management programs to utilize the other medication services billing codes. Please see the sections above for more information.

4. Progress Note Documentation in MAT

Required Elements of Progress Notes for MAT

Progress notes are required for all services claimed and must sufficiently provide information that supports the service code claimed for the type of service provided.

The Licensed Physician (MD/DO), Medical Student in Clerkship, LPHA Physician Extender (NP or PA/NP Clinical Trainee), LPHA Non-Physician (Pharmacist, Pharmacist Clinical Trainee, RN Clinical Trainee, LVN, Vocational Nurse Clinical Trainee, LPT, Psychiatric Technician Clinical Trainee, LOT, Occupational Therapist Clinical Trainee), or Medical Assistant working within their

scope of practice who provided the treatment service shall record a progress note that includes the following:

1. Type of service provided (i.e., Assessment, treatment plan development/modification, ordering, prescribing, administering, monitoring, care coordination).
2. Date service was provided to the client
3. Duration of the service (direct patient care)
4. Start and end time of the service (Residential ONLY*)
5. Topic of the service (Residential ONLY*)
6. Location of the client at the time of the service.
7. A brief description of how the service addressed the client's SUD and/or problems from the problem list (i.e., activities or interventions that occurred during the session/service, issues discussed, and progress toward treatment outcomes)
8. Next steps (planned action steps by the provider or the client; collaboration with the client; collaboration with other provider(s); and goals and actions to address any health, social, educational, or other service needs; referrals; and discharge and continuing care planning)
9. The service provider shall type or legibly print their name, sign (it is advised that the provider also indicate their credentials whenever signing documents in the client's records), and date the progress note.

* Start and end times of each service is required for progress notes of services claimed at Residential Treatment. Progress notes for services claimed at the residential levels of care must include the start and end times of the service, per licensing and certification requirements. This includes MAT services provided at residential treatment. Be sure that the start and end times are congruent with the amount of time claimed. The State also requires that the topic of the service or session is indicated on the progress note.

The State does not dictate the format that Progress Notes must be written in, as long as all the required elements are documented!

Important Reminders for Progress Notes

- Should be written within three (3) business days of the date of service to bill. Date of service counts as Day 0. "Business" days are all days that the program is open and providing services to clients.
- Any notes completed outside of the three (3) business days do not need to be made non-billable. The service may continue to be billed using the billable code. Please be mindful that a *pattern* of progress note documentation that exceeds the timeframe may be scrutinized for potential fraud, waste, or abuse.
- Clearly document the clinical need for the activities or interventions provided.
- Documentation Time (or the time it takes to write the progress note) and Travel Time (to provide a billable service) is no longer billable, but should continue to be captured for tracking/monitoring purposes.
  Remember that time spent on formulating/developing the assessment with or without the client is *Service Time*.

- Review of documents (i.e., looking at past progress notes or chart documents) to prepare for the upcoming session/service is not billable.

Frequently Asked Questions (FAQ) for Progress Notes in MAT:

1. Can the Physician, Physician Extender, or LPHA Non-Physician provide services for both perinatal and non-perinatal services in both the ODF and IOT programs? **YES**. Although a physician can provide individual counseling, group counseling, patient education, crisis intervention, family therapy and collateral services, these services are likely to be infrequent as a provider may have the physician dedicate their time to other services.
2. Do the LPHA Non-Physician progress notes need a co-signature? **NO, not for DMC-ODS requirements. Please refer to respective licensing boards for specific supervision requirements that may need to be adhered to.**

Sample Progress Notes

Sample Content for Assessment Progress Note for LPHA Non-Physician (RN)

- **Reason for Visit:** Client states, "I'm here to get back on Suboxone. I'm tired of relapsing." Client is 46-year-old Caucasian female with history of Opiate Use Disorder, referred by Outpatient provider.
- **New History or Information:** Checked vitals. Gathered information on client's history of use, past treatment, medical/psychiatric, family/social/economic status to inform the physician as part of assessment. Noted for signs of intoxication/withdrawal to relay to the physician.
- **Treatment Adherence Assessed:** Client expresses desire to stay sober and appears motivated and was forthcoming with information.
- **Psychoeducation Provided:** Client encouraged to address potential impact of medication on current health issues with the physician at the physical assessment appointment.
- **Plan:** Initial assessment with the physician scheduled 3/16/22 at 1pm. RN to consult with physician to provide information obtained.

Sample Content for Assessment Progress Note for Physician or Physician Extender

- **Reason for Visit:** Client reports, "I want to be able to stay sober…I keep relapsing, but I did a lot better when I was on Suboxone." Client is 46-year-old Caucasian female with history of Opiate Use Disorder, multiple treatment episodes, recent return to use after release from incarceration.

- **New History or Information:** Observed for signs of intoxication/withdrawal; assessed substance use (current/history); reviewed RN's assessment with client and inquired further about family, medical, psychiatric, social/legal; completed ROS.

- **Performed Today:** Client meets criteria for Opioid Use Disorder based on daily use (last use 2/25/2022), complaints of cravings daily, with use impairing areas of life such as family relationship and employment, multiple attempts to stop on own without success. Client motivated and consents to medication treatment.

- **Plan:** Reviewed Buprenorphine treatment agreement, medication consent. Induction scheduled 3/18/22 at 10:30am. Suboxone 8/2, 1 strip BID SL, #14. Ordered routine labs (CBC, CMP, Hepatitis Panel, RPR). Routine/random UDS.

Sample Content for Care Coordination Progress Note for LPHA Non-Physician (RN)

- **Reason for Visit:** Client is 46-year-old Caucasian female presenting to clinic for MAT assessment. Referred by Outpatient program at ABC.
- **New History or Information:** Met and consulted with physician to prepare for client's scheduled physical assessment appointment with the physician. RN provided information on client's substance use history, treatment history, current presentation, vitals, medical/psychiatric history, social/family issues. RN also alerted physician to client's concerns about current medical issues being impacted by the medication and that client was encouraged to address this at appointment with the physician.
- **Performed Today:** Physician inquired about past withdrawal experiences and circumstances surrounding client's return to treatment. Based on client's last use on 2/25/2022, complaints of cravings daily, failed treatment attempts, with use impairing current areas of life such as family relationship and employment, Physician reported client likely appropriate for MAT and Opioid Use Disorder. Physician briefly discussed possible areas of concerns and follow up coordination with PCP on client's health issues.
- **Plan:** RN to follow up with physician after client's scheduled physical assessment appointment for next steps.

5. Appendix A: Billing Codes Table

Billable Services Codes for Assessment, Treatment Planning, Ordering, Prescribing, and Monitoring:

Charge Description	CPT/HCPCS Code(s)	CDM Code	Non-Billable CDM Code
Psych Diagnostic Eval w/ Med Svcs, 60 Min	90792	90792-1	70899-300
Assessment Substitute	T2024	TBD	TBD
Psych Eval of Hospital Record, 60 Min	90885	90885-1	70899-300
Medication Training and Support-Indv per 15 Min	H0034	70899-110	70899-302
Medication Training and Support-Group per 15 Min	H0034	70899-111	70899-302
Office OutPt Visit of New Pt, 15-29 Min	99202	99202-1	70899-302
Office OutPt Visit of a New Pt, 30-44 Min	99203	99203-1	70899-302
Office OutPt Visit of a New Pt, 45-59 Min	99204	99204-1	70899-302
Office OutPt Visit of a New Pt, 60-74 Min	99205	99205-1	70899-302
Office OutPt Visit of an Established Pt, 10-19 Min	99212	99212-1	70899-302
Office OutPt Visit of an Established Pt, 20-29 Min	99213	99213-1	70899-302
Office OutPt Visit of an Established Pt, 30-39 Min	99214	99214-1	70899-302
Office OutPt Visit of an Established Pt, 40-54 Min	99215	99215-1	70899-302
Prolonged Clinical Staff Service, first hour	99415	TBD	TBD
Prolonged Clinical Staff Service, additional 30 min	99416	TBD	TBD
Home Visit of a New Pt, 15-29 Min	99341	99341-1	70899-302
Home Visit of a New Pt, 30-59 Min	99342	99342-1	70899-302
Home Visit of a New Pt, 60-74 Min	99344	99344-1	70899-302
Home Visit of a New Pt, 75-89 Min	99345	99345-1	70899-302
Home Visit of an Established Pt, 20-29 Min	99347	99347-1	70899-302

Home Visit of an Established Pt, 30-39 Min	99348	99348-1	70899-302
Home Visit of an Established Pt, 40-59 Min	99349	99349-1	70899-302
Home Visit of an Established Pt, 60-74 Min	99350	99350-1	70899-302
Prolonged Outpatient E&M, each 15 min	99417	TBD	TBD
Telephone E&M Service, 5-10 Min	99441	99441-1	70899-300
Telephone E&M Service, 11-20 Min	99442	99442-1	70899-300
Telephone E&M Service, 21-30 Min	99443	99443-1	70899-300
SUD Drug Testing POC Tests	H0048	70899-104	70899-300
SUD Treatment Plan Development/Modification	T1007	70899-125	70899-306
Targeted Case Management, Each 15 Min	T1017	70899-120	70899-304

Billable Medication Services Codes for Administering:

Charge Description	CPT/HCPCS Code(s)	CDM Code	Non-Billable CDM Code
Oral Medication Admin, Direct Observation, 15 Min	H0033	70899-109	70899-302
Medication Training and Support-Indv per 15 Min	H0034	70899-110	70899-302

Billable Care Coordination Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code	Non-Billable CDM Code
Environmental Intervention for Med Mgmt Purposes	90882	90882-1	70899-304
Preparation of Report of Pt's Psych Status	90889	90889-1	70899-304
Admin of Pt-Focused Health Risk Assmt Instrument	96160	96160-1	70899-304
Med Team Conf by MD, Pt/Fam not Present, 30 Min+	99367	99367-1	70899-304
Transitional Care Mgmt Svcs: Comm. w/in 7 days	99496	99496-1	70899-306
Inter-Prof Phone/EHR Assmt-Consult. MD 5-30 Min	99451	99451-1	70899-304
Prenatal Care, At Risk Assmt	H1000	70899-119	70899-304

Targeted Case Management, Each 15 Min	T1017	70899-120	70899-304

Billable Supplemental Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Health Bx Int, Fam wo Pt F2F, 16-30 Min	96170	96170-1
Health Bx Int, Fam wo Pt F2F, Add'l 15 Min	96171	96171-1
Sign Lang. or Oral Interp. Svcs, 15 Min	T1013	70899-132
Interactive Complexity	90785	90785-1
Interp. of Psych Results to Fam, 50 Min	90887	90887-1

Perinatal Medication Services Billing Codes for Assessment, Treatment Planning, Ordering, Prescribing, and Monitoring:

Charge Description	CPT/HCPCS Code(s)	CDM Code	Non-Billable CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 60 Min	90792	90792-2	70899-300
Peri Assessment Substitute	T2024	TBD	TBD
Peri Psych Eval of Hospital Record, 60 Min	90885	90885-2	70899-300
Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210	70899-302
Peri Medication Training and Support-Group per 15 Min	H0034	70899-211	70899-302
Peri Office OutPt Visit of New Pt, 15-29 Min	99202	99202-2	70899-302
Peri Office OutPt Visit of a New Pt, 30- 44 Min	99203	99203-2	70899-302
Peri Office OutPt Visit of a New Pt, 45- 59 Min	99204	99204-2	70899-302
Peri Office OutPt Visit of a New Pt, 60- 74 Min	99205	99205-2	70899-302
Peri Office OutPt Visit of Established Pt, 10-19 Min	99212	99212-2	70899-302
Peri Office OutPt Visit of Established Pt, 20-29 Min	99213	99213-2	70899-302

Peri Office OutPt Visit of Established Pt, 30-39 Min	99214	99214-2	70899-302
Peri Office OutPt Visit of Established Pt, 40-54 Min	99215	99215-2	70899-302
Peri Prolonged Clinical Staff Service, first hour	99415	TBD	TBD
Peri Prolonged Clinical Staff Service, additional 30 min	99416	TBD	TBD
Peri Home Visit of a New Pt, 15-29 Min	99341	99341-2	70899-302
Peri Home Visit of a New Pt, 30-59 Min	99342	99342-2	70899-302
Peri Home Visit of a New Pt, 60-74 Min	99344	99344-2	70899-302
Peri Home Visit of a New Pt, 75-89 Min	99345	99345-2	70899-302
Peri Home Visit of an Established Pt, 20-29 Min	99347	99347-2	70899-302
Peri Home Visit of an Established Pt, 30-39 Min	99348	99348-2	70899-302
Peri Home Visit of an Established Pt, 40-59 Min	99349	99349-2	70899-302
Peri Home Visit of an Established Pt, 60-74 Min	99350	99350-2	70899-302
Peri Prolonged Outpatient E&M, each 15 min	99417	TBD	TBD
Peri Telephone E&M Service, 5-10 Min	99441	99441-2	70899-300
Peri Telephone E&M Service, 11-20 Min	99442	99442-2	70899-300
Peri Telephone E&M Service, 21-30 Min	99443	99443-2	70899-300
Peri SUD Drug Testing POC Tests	H0048	70899-204	70899-300
SUD Treatment Plan Development/Modification	T1007	70899-225	70899-306
Targeted Case Management, Each 15 Min	T1017	70899-220	70899-304

Perinatal Medication Services Billing Codes for Administering:

Charge Description	CPT/HCPCS Code(s)	CDM Code	Non-Billable CDM Code
Peri Oral Medication Admin, Direct Observation, 15 Min	H0033	70899-209	70899-302

Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210	70899-302

Perinatal Care Coordination Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code	
Peri Environmental Intervention for Med Mgmt Purposes	90882	90882-2	70899-304
Peri Preparation of Report of Pt's Psych Status	90889	90889-2	70899-304
Peri Admin of Pt-Focused Health Risk Assmt Instrument	96160	96160-2	70899-304
Peri Med Team Conf by Non-MD, Pt/Fam not Present, 30 Min+	99368	99368-2	70899-304
Peri Transitional Care Mgmt Svcs: Comm. w/in 7 days	99496	99496-2	70899-306
Peri Inter-Prof Phone/EHR Assmt-Consult. MD 5-30 Min	99451	99451-2	70899-304
Peri Prenatal Care, At Risk Assmt	H1000	70899-219	70899-304
Targeted Case Management, Each 15 Min	T1017	70899-220	70899-304

Perinatal Supplemental Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Health Bx Int, Fam wo Pt F2F, 16-30 Min	96170	96170-2
Peri Health Bx Int, Fam wo Pt F2F, Add'l 15 Min	96171	96171-2
Peri Sign Lang. or Oral Interp. Svcs, 15 Min	T1013	70899-232
Peri Interactive Complexity	90785	90785-2
Peri Interp. of Psych Results to Fam, 50 Min	90887	90887-2